BRITISH MEDICAL JOURNAL:

BEING THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

EDITED BY ANDREW WYNTER, M.D.

No. XLI.] LONDON: SATURDAY, OCTOBER 10, 1857. [NEW SERIES.

Illustrations OF HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

ST. BARTHOLOMEW'S HOSPITAL.

MORTIFICATION OF RIGHT FOREFINGER, CONSEQUENT UPON THE BITE OF A CAT: PHLEGMONOUS ERYSIPELAS OF THE WHOLE ARM: TRISMUS: DEATH.

Under the care of W. LAWRENCE, Esq.

[*From Notes by* W. CHIPPENDALE, Esq., *House-Surgeon.*]

WE have to lay before our readers, as a companion to the cases of tetanus which we have previously reported, and of which we shall soon have another instance to bring forward, the following curious case, which occurred some time since at this Hospital. The case was one which at first seemed to present the features of hydrophobia. This condition, however, did not appear ever to be fully established; and the difficulty of or repugnance to swallowing seemed to be due to the tetanic spasms which this action induced, as so many other irritations of the surface will in that mysterious disease.

S. R., a shoemaker, aged 46, whose previous health had been good and habits temperate, was admitted into Rahere Ward on December 13th, 1856. He stated that he had been severely bitten in the forefinger six days previously by a kitten, which, up to that time, had never exhibited any signs of ill temper. He immediately placed the finger in warm water, in order to encourage the bleeding, which was considerable, considering the small size of the wound. No caustic had at any time been applied. The same evening he felt very chilly and unwell, the pain in the wound being so severe as to quite prevent him from sleeping. This continued for three days, the part having become very inflamed, when he was relieved by an incision, which was followed by the escape of some pus. The following day, the finger commenced to change colour, and its temperature and sensibility to diminish. He then applied to the Islington Dispensary, where some dead skin was removed by the surgeon in attendance, who recommended him to come to this hospital, for the purpose of having his finger at once amputated. On admission, the finger was seen to be shrivelled and black as far as the first phalanx; but at that point the mortification had ceased, and a healthy line of separation was established. The part was cold and moist, yet not totally deprived of sensation. The integuments covering the first joint and back of the hand were very inflamed, and the whole limb was swollen and œdematous. There was a dusky line along the whole track of the cephalic vein, but no tenderness: the glands in the axilla were, however, slightly enlarged and painful. The man's countenance was anxious; his skin rather hot; pulse 108, of moderate volume; the tongue was moist, but furred. The urine was particularly high coloured. He complained of great pain throughout the whole arm.

Applicentur hirudines xxiv.

Sumat haustum sodæ tartratis cum potassæ nitratis gr. x sextis horis.

Habeat tincturæ opii ℥xl horâ somni.

Dec. 13th. The leeches gave considerable relief to the back of the hand, but there is a great increase of pain, swelling, and tension, in the upper and fore arm. The integuments are hard and brawny in the upper portion of the limb. He has passed the most comfortable night since the receipt of the injury. Mr. Lawrence to-day made a long incision into the upper and fore arm along the inner side, from which sixteen ounces of blood flowed. This was followed by considerable relief to the pain, the cellular tissue being infiltrated with pus. He was ordered to have forty minims of laudanum at bedtime, and six ounces of wine daily.

Dec. 14th. The man passed a quiet night, but to-day his manner is very strange and excited. He talks incoherently, and wishes to go home. It was supposed that delirium tremens was coming on. The condition of the arm is certainly improved.

℞ Spiritûs ætheris compos. ʒss; tincturæ opii ℥xxx; mist. camphoræ ℥iss. M. Fiat haustus 6tis horis sumendus.

He was ordered to have six ounces of wine and a quart of porter daily.

Dec. 15th. The strangeness of manner still continues, and at times he is rather more excited. He is constantly and recklessly moving the arm about, and consequently there is an increase of inflammation in the limb. Three more incisions were made in the forearm to-day, and a ring of nitrate of silver was made around the upper arm. The medicine was continued; and he was directed to have eight ounces of brandy.

Dec. 16th. The man had a severe rigor last night, attended with considerable depression. This was relieved by the administration of a full dose of laudanum and brandy and water. This morning, symptoms of trismus came on. He complains of a feeling of stiffness about the jaws, of inability to open the mouth to the full extent, and of considerable difficulty in swallowing. The muscles of the neck are slightly rigid, but there is no spasm in any other part of the body; those of the abdomen are quite lax. There is no pain or tenderness on percussion over the cervical vertebra. With the exception of the region of the jaw, he is entirely free from pain. The skin is rather cold and very clammy; bowels confined. He is much more composed and calm than he was yesterday.

℞ Hydrargyri chloridi gr. x; olei crotonis gtt. ij. M. Fiant pilulæ ij.

Dec. 17th. The pills did not produce any effect. He obtained one or two hours consecutive sleep last night. There is now scarcely any rigidity about the muscles of the neck, but the jaw is still firmly closed. The difficulty in swallowing even fluids has also much increased, and he now refuses to make the attempt, not from any feeling of dread, but only on account of the pain and spasm with which the attempt is attended. He states that he has had some occasional cramps in the muscles of the calf during the night, but they are now perfectly lax, as well as those of the abdomen. To-day he has become quite rational, and is quite aware of the nature of the disease from which he is suffering, and of its hopeless character. Towards the evening he became more restless, throwing himself wildly about. Later he had several attacks of well marked opisthotonos, in one of which he died.

No examination of the body was allowed by the friends.

WESTMINSTER HOSPITAL.

I. ACUTE PERICARDITIS: ALBUMINURIA: TREATMENT BY STIMULANTS.

Under the care of G. T. FINCHAM, M.D.

[*From Notes by* M. PERREAU, Esq., *Clinical Assistant.*]

ELLEN C., aged 22, a woman of dissipated habits, was admitted on September 10th, complaining of pain in the chest, difficulty of breathing, and cough, without expectoration. The respiration was frequent; the face anxious and pale; pulse 120; tongue furred. The ankles had been œdematous for the last three weeks. The area of the cardiac dulness was somewhat increased. A rough friction sound was audible over the whole of the heart's surface. The sounds of respiration were natural. The urine was high coloured, and loaded with albumen.

A blister was ordered to be applied to the chest; a pill of camphor and hyoscyamus to be taken at bedtime; and a draught containing chloric æther and ammonia every four hours.

She continued in much the same state till September 20th,

when she became much worse. The respiration was much embarassed; the lungs were loaded with fluid; the pulse was weak and fluttering. It was necessary to give her a small quantity of wine (ʒss) every hour; and this was increased to half an ounce every half-hour next day, with much relief. A small quantity of hydrocyanic acid was also given; and a turpentine stupe was put between the shoulders.

Next day an emetic of sulphate of zinc was given. The expectoration had become more free; the friction sound still continued, but much masked by bronchial sounds. The ammonia and æther draught was continued.

Sept. 22nd. The murmur was still audible, but less rough. There was a good deal of bronchitis in front; but behind, the chest was resonant. The pulse was 120, steady; less dyspnœa. She was now allowed to take fish, and four ounces of gin daily.

Sept. 25th. The aspect was much improved; but the pericardial sound was still audible. She was taking a mixture containing paregoric, sulphuric æther, and bicarbonate of soda; and the spirit was still allowed.

Since this note she has been gradually improving. The murmur, which was decreasing steadily, had disappeared entirely on October 2nd. The diet was gradually improved, and an increased quantity of stimulants ordered. The quantity of albumen in the urine also diminished; and, when last heard of, she was complaining only of some remains of anasarca about the ankles.

Remarks. This case is a good example of the way in which treatment must be varied to suit the cases of different persons in the same disease; and how the measures which are necessary in combating inflammation in the robust and otherwise healthy, differ from those which are indicated in many of the inhabitants of great cities, broken down by a long course of vice, and suffering the various ailments which such a course entails. The poor girl whose case we have given, was one of the large class whose existence is the great blot upon our civilisation, and whose trade condemns them to a life of disease, and a premature death. Accustomed as such persons are to indulge in ardent spirits, they cannot bear the antiphlogistic regimen, of which we hear so much in the text-books, but see comparatively little in modern hospital practice, at least in London. A routine practice, which associates pericarditis by a necessary connexion with mercury and depletion, would in all probability have hastened the fatal result. As it was, this case may stand as an instance of the propriety of occasionally treating acute inflammation by stimulants.

The pathology of the disease is not without its interest, occurring as it did in a person free from any rheumatic taint, but in whom the kidneys were in a diseased condition. That albuminuria is frequently associated with serous inflammation is no new observation; and this seems often to occur in a chronic form in the arachnoid without obvious cause, merely as a consequence of vitiated blood. In the present instance, the exciting cause was apparently exposure to cold; but it seems likely that the diseased condition of the blood determined the irritation to the serous envelope of the heart.

The rest and care which the poor creature found in the Hospital appeared also be acting beneficially on the original disease of the kidneys; and it may perhaps be hoped that the latter is not in so advanced a state as to be incapable of cure.

We subjoin notes of another case of cardiac inflammation, also treated without antiphlogistic remedies, by the alkaline method, which has become, we believe, rather a favourite at the Westminster Hospital, and has appeared on the whole as successful as many of the other numerous plans of treating acute rheumatism. The principle of this method is to neutralise the acid, whose presence in the blood appears to be the cause of the complaint; while opium is employed to allay the pain as an auxiliary merely to the principal remedies. There are other physicians who rely mainly or entirely on the action of opium; and certainly patients appear to manifest a wonderful tolerance of this drug in acute rheumatism; but here the opium seems to have acted a subordinate part only, and the recovery was due mainly to the alkaline medicine. The beneficial effect of quinine after the disease had been got under control is not to be overlooked.

II. ACUTE RHEUMATISM: ENDOCARDITIS.

Under the care of G. T. Fincham, M.D.

[*From Notes by* M. Perreau, Esq., *Clinical Assistant.*]

Ann D., aged 27, a single woman, was admitted on Sept. 1st, on account of acute rheumatism of only a few days duration. She was complaining of pain, swelling and redness of almost all the joints, especially those of the hands. She had had hardly any sleep for four days; the urine was high-coloured; the pulse rapid (98) and jerking; tongue coated; face anxious; no præcordial pain. The following medicines were prescribed.

℞ Potassæ bicarbonatis ʒij; aquæ ʒij. M. Fiat haustus 4tis horis sumendus.

Horâ somni sumat pulveris ipecacuan. co. gr. xv.

Regioni cordis applicetur cataplasma lini.

The symptoms did not undergo any material change till Sept. 3rd, when she was complaining of so much pain that she was ordered to have a grain of powdered opium every eight hours. The bicarbonate of potash was still continued.

Sept. 4th. She complains of much pain in the shoulders and hands. There is no murmur. The urine is still high-coloured, but is now alkaline. The pulse has increased in frequency to 112.

During the next three days she improved somewhat as to the pain. The opium seemed to confine the bowels.

Sept. 7th. A distinct systolic murmur was heard at the base of the heart; and next day there was a very loud murmur at the base of the heart, masking the second sound, and heard under the clavicles. Rhonchus was heard also occasionally over the front of the chest. The perspiration was acid, but the urine still alkaline. She was ordered a blister to the præcordial region, and the same general treatment continued.

Sept. 10th. The symptoms continued much as before, the heart's action being still accompanied by a double murmur. The pain in all the other joints was much relieved, but the ankles continued very painful. The mixture was given every six hours.

Sept. 12th. A slight relapse occurred of the pain, which lasted for the next three days. She experienced then an improvement: the face became more cheerful, she slept better. There was profuse acid perspiration.

Sept. 15th. She was ordered three grains of disulphate of quinine every six hours, and the alkali continued. The double murmur still continued, but much more faint; it was heard at the upper end of the sternum, below the clavicles, but very faintly at the heart's apex.

Sept. 19th. The pain having become very much less, and the murmur less rough, she was ordered merely an ounce of quinine mixture three times daily.

For the next few days the pain continued to decrease, and the murmur waxed gradually fainter and fainter. The quinine was still continued, and on the 25th it was found advisable to order her some wine.

There was little more to note in this case. The murmur lasted a few days longer, but on Oct. 2nd, it is noted that it had disappeared, leaving only a little prolongation of the first sound.

Oct. 5th. No morbid symptoms remained except slightly increased impulse of the heart, and she was reported convalescent.

Original Communications.

INFLAMMATION OF THE SHEATHS OF TENDONS.

By James Probert, Esq., Plymouth Iron Works, Merthyr Tydvil.

Inflammation of the sheaths of the tendons of the extensor muscles of the thumb, attended with a creaking noise somewhat resembling the crepitus of a fractured bone, is not of unfrequent occurrence among the miners and colliers of this district.

In reference to three cases of this kind noticed in the Periscope of the Journal for September, I observe it is stated that the cure was rather tedious under the treatment adopted by Dr. Thompson of Tyrone, namely, by "rest, leeches, cold washes, etc." No mention is made of the application of a blister. The latter has proved by far the most efficient remedy in all such cases that have come under my observation. The blister should be from two to three inches wide, and of sufficient length to completely encircle the limb over the part affected.

Very frequently the painful condition of the tendons is removed in twenty-four hours, and complete recovery generally takes place in a few days.

CONSIDERATIONS RESPECTING THE VARIOUS FORMS OF MALARIOUS AND MALARIOID DISEASE.

By C. Handfield Jones, M.B., F.R.S., Physician to St. Mary's Hospital.

No one can question that we gain much in every step we make towards fuller and clearer ideas of the nature of the great morbid actions with which, variously combined, we have constantly to deal. This knowledge, it seems to me, is what we want more than any other at the present time. Our diagnosis is not very often at fault; we can name a disease well enough, but we lack a full inspection into the nature of the process we observe, which alone could enable us to oppose it by a truly rational treatment. How much we need to know what it is that *makes* tuberculosis, rheumatism, pyrexia, inflammation, etc., so that we might be able, on recognising these morbid changes, to perceive with the mental eye the fundamental state from which they originated! The following review of one group of diseases may perchance aid some in obtaining a clearer view of their pathology, of the meaning of the various morbid phenomena they present, and of the mode of treatment that should be adopted in unusual and perplexing conditions.

It may be well to premise the following.

(1) The sympathetic plexuses are given off from special ganglionic centres, having communications chiefly of the nature of commissural connections with the cerebro-spinal system. The ultimate ramifications of the plexuses are almost wholly made up of the special sympathetic fibres, mingled with very few of the tubular kind. There can be no doubt that the sympathetic centres are capable of a distinct and independent action, apart from the cerebro-spinal.

(2) The sympathetic plexuses are distributed on the arteries of the abdominal organs, the thoracic, and the cranial.

(3) Paralysis of these plexuses dilates the arteries they accompany, and increases heat and tissue change in the locality where they are distributed; it establishes active hyperæmia, which in states of debility may pass into inflammation.

(4) The arteries of the rest of the body probably receive vaso-motor nerves from the cerebro-spinal which accompany them; the former are of the same structure as the sympathetic, and it may be considered probable that a lesion of them would produce similar effects. I have found these vaso-motor nerves on careful microscopic examination, most distinctly, in the skin of the fingers and dorsum of the foot. There can scarcely be any doubt of their existence in other parts, but the search for them is very difficult on account of the subcutaneous fat and fibrous tissue.

(5) The action of malarious poison is sometimes paralysing, at others irritating. Neuralgic pain, rigors, or convulsions, must be regarded as signs of irritation; numbness, coma, or loss of muscular power, as signs of paralysing influence. These two effects may be produced at the same time in different nervous structures of the same body.

(6) It is probable that the nervous system is specially affected by malarious poison; (*a*) because certain diseases of the head (otitis) produce paroxysms exactly resembling those of ague; (*b*) because neuralgia is a common result of its action and paralysis not unfrequent; (*c*) because means which arouse and invigorate the nervous system, such as cheerful excitement, ward off the disease, while all depressing emotions induce it; (*d*) because quinine, the best remedy for malarious disorders, acts on the brain, producing in over doses deafness and sometimes convulsions;* and opium, a drug of positive cerebral action, is also efficient in some conditions of malarious disease; (*e*) because confirmed malarious disease especially prostrates and stupefies the nervous power, and because this is also often the effect of an incipient attack.

(7) The greater prevalence of malarious disease at some periods than at others seems to be ascribable to the medical constitution of the year rather than to a greater production of poison. If the tendency is to high (sthenic) inflammatory disorder, there will be little of ague and kindred affections; if the tendency is to cause a lowered state of *vis nervosa*, if nervous affections predominate, then malarious diseases, or those that resemble them, will be common also. It is probable that the heat of tropical countries renders the endemic disorders so severe as they are, not only by its generating more and more powerful malarious poison, but by enfeebling the nervous system, diminishing its equilibrium and tone, and so rendering it more liable to *bouleversement*.

(8) There seems reason to think that other poisons besides the marsh miasm may act on the nervous system in a very similar manner, producing phenomena almost or quite identical with those of true malarious disease. The poison of influenza certainly seems capable of doing this.

(9) The type of disease which prevails at present appears to be very favourable to the occurrence of phenomena of nerve-disorder, either of a prostrating or irritating kind, and of such disorders of the vascular system as are in great measure referable to a debilitated condition of its own special nerves.

The phenomena of the first stage of a complete ague paroxysm are depressed action of the heart, contracted and pale skin, neuralgic pains, irritation of motor nerves (rigors), arrest of secretions, short and laboured respiration, cerebral debility. The temperature of the blood is rising, and congestion is taking place in internal organs. The vitality of the various organs is partially prostrated, as by a shock, and this has no small share in promoting the occurrence of congestions.

This stage may be replaced by an attack of convulsions, or by a profound sleep from which the patient awakes in violent fever.

All the above phenomena may be regarded as the results of a poisonous influence operating on the cerebro-spinal and sympathetic nervous systems. This acts eminently on the solar plexus, occasioning a sense of debility and distress about the epigastrium, paralyses the various plexuses which are offshoots from the solar, as well as others which are formed by the abdominal sympathetic, from which result dilatation of arteries, increased heat of blood, and local hyperæmia. At the same time the cerebro-spinal system is affected, in some parts debilitated, in others irritated. The hemispheres of the brain are evidently weakened and enfeebled in their actings. The sensory nerves are irritated, giving rise to neuralgic pains, and the motor, being similarly affected, produce the rigors. The shrinking of the skin is produced by the contraction of some organic muscular fibres in its corium, as well as by the occlusion of its arterioles. The arrest of the secretions shows that the vital power of the organs producing them is impaired, or in abeyance. The action of the heart is in most cases directly enfeebled, just as the contractile coat of the arteries is; sometimes however, as described by Dr. Bell in cholera, and as I have seen in cardiac neuralgia associated with ague, it is rather enchained and embarrassed in its working by an abnormal, irritating stimulus. If death occurred during the latter state (which seems to be characterised by a distressing sense of cardiac oppression), I should expect to find the heart firmly contracted, as was observed in those dying of cholera by Virchow, and by Reinhardt and Leubuscher. The two latter observers mention that their examinations were made on those who died in the algide stage. The short and laboured respiration depends in part on congestion taking place in the lungs, but still more, I expect, on disordered innervation of the phrenic and other respiratory nerves. When the voluntary muscles and heart are deranged from their healthy action by disorder of their nerves as we have seen, it is only to be expected that the respiratory muscles should suffer in a like way. In the case of the cold stage being replaced by an attack of convulsions, or one of coma, it may be supposed that the morbid influence has operated with unusual force on the principal nervous centres devoted to voluntary motion in the first instance, and on the cortical substance of the hemispheres in the second.

The phenomena of the second stage are increased action of the heart, relaxation of the cutaneous arteries, paralysis of their vaso-motor nerves, the condition of other parts remaining about the same. The congestions commenced in the first stage are now apt to be increased as the blood stream is driven with force through relaxed arteries by a powerfully acting heart. Epistaxis, apoplectic effusion, intestinal hæmorrhage, rupture of the spleen, may thus be produced. The relaxation of the superficial arteries is only an extension of the condition of the rest of the arterial system, but the increased action of the heart is the reverse. What is its explanation? What cause shall we assign for the central organ of the circulation being in so different a state from all the more peripheral? It is to be remembered that the occurrence of reaction is a step in the direction of recovery, it indicates as is well known an effort of the vital powers against the depressing morbific cause. With reference to this, it may be suggested as probable, that the

* In a case recently under my care it produced blindness and some deafness.

cause of the heart's acting vigorously, while the arterial system still remains relaxed and dilated, may lie in part in the difference of its contractile tissue, which certainly has a stronger and more vigorous life than the non-striated fibre of the arterial coats, and is therefore capable of recovering and resuming its activity sooner than they do. A still more efficient cause of the exaggerated action of the heart may be found, I think, in the elevated temperature of the blood, which acts upon it in the way of a stimulus. Exposure to moist heat, when cooling by evaporation is impossible, accelerates the pulse remarkably. M. James mentions that his own rose from 70 to 120 while he was immersed in an atmosphere charged with hot vapour, the temperature in the lower strata being 111·4°, and in the upper 118·4° Fahr. The same experimenter endured with little inconvenience a temperature of 176° Fahr., when the air was dry. One cannot aver positively that the increased heat of the blood in the former instance caused the rapid movement of the heart, but it is certainly very probable that it was so. It is very intelligible that the heart would not obey the stimulus of the hotter blood, until it began to recover from its primary state of enfeeblement and depression. On this view, we can see in reaction one of those beautiful compensating efforts which are often exhibited by nature in disease. The very agent which weakens and depresses the chief organ of the circulation, sets up a condition in the blood which counteracts the original mischief, or at least greatly tends to do so. In some persons, severe fatigue is followed by very marked pyrexia. This may be well accounted for on the view proposed. The expenditure of nervous force leaves the sympathetic in a semi-paralysed state; hence comes increased heat of blood, and from this again results increased cardiac movement.

The character and degree of reaction (speaking of it for a moment generally) will vary very much according to the nature of the poisonous influence, and the vital endowments of the system. In fevers of a low type, the muscular tissue of the heart may become so impaired in its quality that it answers but languidly to the stimulus of the hot blood. In the ardent inflammatory fever of tropical countries, especially when it affects new comers, the highly irritable contractile fibre responds energetically to the stimulus. Bloodletting is well borne in the latter, is injurious in the former.

Authors mention the occurrence of paroxysms consisting of a cold or a hot stage only. In the former case, it may be considered that the poison has operated chiefly on the cerebro-spinal system; no febrile reaction takes place, because the temperature of the blood has not been increased by paralysis of the sympathetic. In the latter, the poison operates exclusively on the vaso-motor nerves, and therefore pyrexial phenomena alone are produced. That the poison should thus restrict its action in some cases to a certain department of the nervous system cannot be considered improbable, when we think how decidedly this is the case in various neuralgiæ.

Virchow attributes the reactionary excitement of the heart to paralysis of the vagus nerve; but, though this might very possibly increase the rapidity of its action, it would not, I conceive, augment its energy, which is certainly the most important feature of reaction. Moreover, careful experiments on the effects of dividing the vagi (Reid's) do not show any very positive result in accelerating the heart's contractions.

In the third stage, the tissues regain their power generally, secretions are poured out by the glands which have hitherto been inactive, the abnormal heat diminishes as the sympathetic nerves recover their tone, and the action of the heart becomes tranquil gradually.

In the *algide* fevers, the prominent phenomena which we have to explain are the icy cold of the surface, the elevation of the temperature after death, the smallness or suppression of the pulse, the peculiar cerebral torpor, but without coma or loss of consciousness, and the debility and depression. The same results of hyperæmic afflux and congestion in the cranial and abdominal viscera are found as in the other forms of ague fever. The skin is not always pale, but sometimes of natural colour, sometimes livid, or covered with livid spots. One may read these cases as the results of a morbid influence, which operates more after an irritating than a paralysing manner. The brain is evidently greatly enfeebled, but rather, it would seem, in the same way as a sensory nerve, when it becomes numbed during an attack of neuralgia, a condition which Romberg denominates anæsthesia dolorosa. This cerebral numbing appears more like the result of a peculiar irritation, than simple loss of power. It is carried to a still greater degree in certain soporose fevers, where it produces absolute coma, which may be relieved by opium. A similar state prevails in the vaso-motor nerves of the limbs and surface; they are irritated and excited, instead of being paralysed, as during pyrexia. It is reasonable to suppose that the icy cold may, at least in part, be the result of this state; as it was found in Bernard's experiments that, when the upper end of the divided sympathetic was galvanised, the temperature fell below the normal figure. The elevation of the temperature after death seems necessarily to imply that some cause was acting during life to depress the heat that should have been normally developed. This cause is probably the irritated state of the vaso-motor nerves. The livid colour of the surface, like the leaden hue of cholera, is to be regarded, I believe, as the result of tissue paralysis; in consequence of which, and of arterial occlusion, stagnation occurs in the capillaries and small veins. A remarkable case recently fell under my notice, in which the nose and hands became cold and of a dull livid red on exposure to the open air, even in the middle of June. The other symptoms were extreme nerve-debility, tremors, and sweats.

It does not appear to me possible to account for such phenomena solely on the ground of arterial contraction. I may quote the following observations from my note-book, in further illustration of this state: "Frog's web, arteries of the part rather contracted, the blood in numerous capillaries stagnant, filling them up with an uniform red mass; the application of warmth dilates the arteries, and induces free flow in the capillaries." Wharton Jones records similar observations. This condition, which has some analogy to that existing in some algide fevers and in cholera, is widely different from that which is commonly observed as the result of cold operating upon a quite healthy part, which it renders exsanguine and pale. To quote again: "The effect of warmth and cold upon the circulation is very striking; by cooling the web with cold water, some arteries are brought to be completely contracted and empty, and the transit of red and white globules through the capillaries ceases, so that they appear empty; but as soon as the web is dried and warmed, the artery is found expanded and transmitting a full current, and the capillaries at the same time become filled with red corpuscles." It seems clear that, in these instances, the vital condition of the tissue alone makes all the difference, whether the capillaries are filled with corpuscles or not. If the tissue be quite healthy, the capillaries, during arterial occlusion by cold or other causes, will be traversed only by plasma, and will be empty, or nearly so; if the vital power of the tissue be weakened, the blood congests and fills up the capillaries, but does not adhere to their walls, and the congestion is dissipated by free flow; if the nutrition force be perverted, as in sthenic inflammation, creating local attraction of a morbid kind between the blood and tissue, then stasis occurs, which is not removed, but only aggravated, by dilatation of the arteries and free blood flow. The existence of arterial contraction, amounting sometimes to occlusion, would account for the smallness or obliteration of the pulse, supposing it to extend to the radial and arteries of the same size.

The state of the heart probably varies, being in some cases directly enfeebled, in others enchained or embarrassed in its acting by morbid stimulus. Its movement does not seem to be accelerated into reactionary excitement, or only partially, even during the decline of the paroxysm. This is to be accounted for, partly by the cerebro-spinal system being more affected than the sympathetic, partly by the depressing influence being too intense to be overcome by the somewhat heated blood. It seems reasonable to think that in cases of this kind, on the view that hyperirritation of the vaso-motor nerves was chiefly concerned in causing the peculiar symptoms, the administration of opium with some diffusible stimulus would be beneficial.

In the *comatose* fevers, the coma may result from the palsying or enchaining action of the malarious poison telling upon the cerebral hemispheres, in which case it will occur in the earlier period of the attack, and will be relieved by opium. Or it may proceed from increased flow of blood to the brain, and excessive congestion tending to effusion, when it will occur in the reaction period, and will be relieved by blood-letting, local and general, cold to the head, and quinine.

In *syncopic* fevers (*terciera syncopal* of Pera), the heart is paralysed more or less completely by the malarious influence acting on its nerves, just as a voluntary muscle, or set of muscles, may be. The syncope occurs, as far as I am aware, at the commencement of the cold stage. It may be difficult to distinguish these cases from others approximating more to the algide group, in which there is complete suppression of the pulse; but the heart, so far from being paralysed, is heard on auscultation acting violently, as if striving to overcome some obstacle, which is probably the occluded state of the arteries.

The character of the impulse and sounds of the heart will generally enable us to make a diagnosis. The distinction is of great moment; for in the first case stimulants would of course be necessary, in the second sedative measures.

Local palsies of any motor or sensory nerve, or local neuralgiæ or convulsions, may occur, the affected nerves being either irritated or enfeebled.

If *jaundice*, co-existing with free bile flow, or any other *secretion flux* occur, it indicates that the vaso-motor nerves of the part are palsied, whence comes dilatation of blood-vessels, hyperæmia, and over-activity of the gland tissue.

The formation of a *splenic tumour* results from excessive flow of blood to the part, and increased formation of splenic tissue, *i.e.* increased nutrition. It is therefore quite analogous to a gland flux. Both occurrences illustrate well the development of increased activity in the affected tissue as the result of paralysis of its vaso-motor nerves.

The common occurrence of *dysentery*, either primarily from exposure to malaria, or as a sequel or complication of malarious fever, is evidently a localisation of the morbid action, or it may be a concentration. The vaso-motor nerves of the large intestine are paralysed, and the usual results take place. It is to be mentioned, that the condition of a part, as to vital power, has much to do in determining the occurrence of inflammation after hyperæmia has been set up in the way supposed. If the vital power be tolerably sound, the part may remain unaltered, or may exhibit greater activity, as in the case of the gland flux; but, if the vital power be depressed, severe inflammation may result, *e.g.* purulent ophthalmia after section of the sympathetic in the neck. Though we can by no means see thoroughly into the matter, yet it does appear that there is a relation between the tissue power, the functional energy of a part, and its blood supply. In the healthy working of the apparatus, the former takes the initiative; and the hyperæmic afflux is subordinate, and ministers to the calls of the tissue in its increased nutrition. In inflammatory disorder, the vital power, which can use the blood for normal purposes, is depressed, and the hyperæmic afflux predominates, issuing in wasteful effusions of corpusculating fluids, mucus, or pus. Nay, it seems highly probable that in conditions of depressed vitality, as in frostbite, the scorbutic dysentery of the Crimea and elsewhere, the existence of hyperæmia, even in moderate amount, acts as a morbid and destructive stimulus to the weakened part.

Having thus endeavoured to view some of the multifold manifestations of malarious disorder in the light of recent neuropathological research, it may be well to consider shortly what bearing these views have on other kinds of fever. It will be sufficient to take for examination two types, to one or other of which all approximate; viz., first, the severe inflammatory fever of tropical countries; second, the ordinary low fever, typhus, or typhoid, of our own. The phenomena of the first are, as described by Dr. Copland, slight chills only at the onset, subsequently "strong, full, hard, accelerated pulse", great heat, headache, and sometimes violent delirium, or maniacal excitement. Free venesection (to three or six pounds) is necessary. If in such fevers, on the above view, we admit the pyrexial condition to depend essentially on paralysis of the sympathetic, still it seems absolutely necessary to assume that the other tissues are in a state differing greatly from that which they manifest in many malarious, and all low fevers. The poison which has paralysed the sympathetic, has in no degree weakened the heart or the other organs. Hence the heated blood, acting on structures vigorous and prompt to respond to the stimulus, excites reactionary phenomena of great violence. It is the task of the physician to moderate these, as, if allowed to run their course unchecked, they induce a period of dangerous or fatal exhaustion.

How very apposite to this is all that we observe in the second type—the low fevers! Here every part alike bears the stamp of depression and debility. The sympathetic system is palsied, and hence the febrile heat, and the proneness to hyperæmia in various parts. The heart is enfeebled, and often needs stimulus to keep its action from failing; its very fibre often tends to soften and degenerate. The brain is enfeebled, and hence the low delirious wandering or the sopor. The voluntary muscles declare their atony by the down-sunk posture of the patient.

The lesson of this seems to be, that while we incline, as we may reasonably do, towards the theory of the nerve origin of pyrexial phenomena, we must not lose sight of the fact that the other corporeal systems are also affected to a greater or less degree by the fever poison, and that the event of the disease may in great measure depend on the amount of vital resistance and energy which they retain. In malarious fevers the nervous system (cerebro-spinal and sympathetic) is certainly far more affected than the others. In low fevers all the systems alike seem to be paralysed and depressed. In sthenic fevers no system, except the sympathetic, seems to have suffered depression, but perhaps to be rather in a state of abnormal irritability. Thus one physician may choose for his motto, "He fed fevers"; another, "He toned or soothed fevers"; a third, "He bled fevers"; each according to the kind he had most to deal with.

DEFICIENCY OF FINGERS TRANSMITTED THROUGH SIX GENERATIONS.

By Draper Mackinder, M.D., Gainsborough.

Under the title of "Hereditary Formations", a letter from Mr. Willis, of Plumstead, appeared in the *Lancet* for Sep. 5th, wherein the writer mentions a repetition of an abnormal parental type through six generations. Believing with Mr. Willis that so decided a manifestation of a peculiarity in the progenitor is rarely extended through so many links in the descending family chain, I beg to forward, for the edification of the curious in such matters, an account of an equally interesting case, where there has been a deficiency instead of a redundancy of parts through several generations.

A Mrs. Thomas Chapman, of this town, on the 31st of March last, was attended in her confinement by my assistant, Mr. Capron. In consequence of an absence of certain useful members of the body, to be particularised hereafter, the mother was very naturally anxious to know if her babe had been modelled more in accordance with the Paradisian prototype than with her imperfectly sculptured self; and we can well imagine the parental joy on hearing that, to non-professional observers, her firstborn daughter would readily pass muster as a fair specimen of the daughters of England.

In the presence of Mr. Capron's successor, Mr. Smallman, and three generations of the family in question, I obtained the following particulars, which I will endeavour to give in an intelligible form, tracing the generations backwards.

Generation I. *The Infant.* The middle phalanges of the eight fingers are wanting, the last phalanges articulating with the first, and giving a peculiar short and tapering appearance. The nails of both little fingers are absent, and that of the right ring finger is abortive. The toes are all nearly of the same length, and well suited for the square-toed boots.

Generation II. *The Mother.* The middle phalanges of eight fingers and all the nails are absent. The first phalanges articulate with the last, which are much shorter than common, and have the exact appearance of having undergone amputation at the middle of each third phalanx by a transverse flap. The fourth toe of each foot has only the first phalanx.

Mrs. Chapman is the youngest of a family of nine, the seven elder of whom and their children were of legitimate conformation.

Her brother, the eighth child, who was drowned at sea, had the ring and little fingers of both hands *minus* the second and third phalanges and nails; and the fourth and fifth toes of each foot were united by a web.

Generation III. *The Grandfather* possessed only the first phalanges of the eight fingers, the thumbs being flattened, and the phalangeal articulations very imperfect.

He had two brothers and ten sisters, of whom

One sister had the eight middle phalanges and the nails wanting.

A second sister had the third middle phalanges and nails wanting.

Another sister had the right index normal, and seven fingers *minus* the second and third phalanges and nails.

A brother had the same malformations as the last mentioned sister.

All the four had an irregularity about the toes. The other brother and sister were all right.

One of his brothers married, and had four daughters. The first was properly formed; the other three wanted the second phalanges and nails to all the fingers. Of the families of the other brother and his sisters nothing accurately is known.

Generation IV. *The Grandfather's Mother* and *three of his sisters*, like himself, were all *minus* the second and third phalanges and nails of eight fingers, and the second phalanges of the fourth toes.

Generation V. *His Maternal Grandmother*, and

Generation vi. *His Maternal Great Grandmother*, had the same parts deficient as himself.

Generation vii. *Her Mother* was the soil which gave such vigorous root to the unfortunate weed.

There were other branches, but of the nature of their deviation from the regular form no reliable information is at hand.

Whatever may be the theory of learned physiologists and profound philosophers with reference to such "hereditary formations", their abstract speculations will at once be diffused into vapour by the *rationale* of the infant's grandmother. According to this venerable lady, the foolish patriarch of the six generations had in his garden a tree which bore a single apple. For this he entertained the most profound respect, and forbade any one to pluck it. In a weak and evil moment, beguiled by some unhallowed power, his spouse put forth her hand and stole the solitary prize. Mighty was the anger of her lord and master when he beheld the fruitless tree; and, in language unselect, he cursed the thief, and prayed, for so heinous an offence, that the fingers which touched the apple might all be chopped off. His wife, *enceinte*, feared much, and in solitude poured out her mournful regrets, but dared not confess the crime. Alas! time passed by; her hour of pain drew near; the fearful prayer, too truly, had been heard; a child was born; but, sad to tell, the fingers which its father had wished to be amputated had strangely forgotten to grow. Since the visitation of the sins of the fathers on the children to the third and fourth generation has been more than accomplished here, we will now hope that the full penalty of the misdeed has been paid, and this hereditary formation will henceforth be discussed as a thing witnessed in time past.

Introductory Lectures.

GROSVENOR PLACE SCHOOL OF MEDICINE.

The Introductory Lecture at this School was delivered by Dr. Richardson, who chose as his subject *The Medical Pilgrim's Progress*. After some preliminary remarks, the lecturer said that he had undertaken to point out the path of pilgrimage. He assumed that his hearers were anxious that the result of their journeyings should be true success; and they must start fairly, knowing the worst, and striving for the best. He then proceeded to sketch out two paths trodden by medical pilgrims; one a broad and easy path, and the other narrow and difficult, but the only true one. The broad and easy path is followed by many; among whom are the mean with means, waiting for something to turn up, and place them in positions which they cannot sustain—the "young ladies" in physic; those who try to advance by paying homage to the vanity of their superiors—the "toadies"; and again, the drowsy, helpless, care-for-nothings, who drawl on, deriding a progress which they cannot follow—the "old women". None of the auditors, the lecturer was sure, wished to rank as either of these. He would, then, enter with them on the difficult path, rendered sacred by the foot-prints which indented it—the way trodden by Hippocrates, Vesalius, Harvey, and Hunter. In this path every one must walk who would follow the medical pilgrim's progress to its ultimate greatness. Let no one fear the labour. It is not genius which is required; it is the combination of *force*, *fearlessness*, and *fact*. These are inherent in man; and he who cultivates them persistently will be the representative of genius. Dr. Richardson then went on to show the importance of physical as well as mental training. One maxim, important to be followed, was, "live abstemiously"; and the labours of Franklin and Morgagni were adduced as proofs of what can be thus done. He then proceeded:—

"Connected with the physical training of the body, I recommend to you strongly the continued and systematic strengthening of the muscular power. Our profession lending itself too readily to the old wife's stereotype of a doctor, makes a grand and universal mistake in this respect. A doctor may pipe a sentimental song in an elegant carbonic acid *depôt* called a drawing-room. Yes; that is allowable: but a hearty laugh, the most healthy exercise in nature, is forbidden in prim society. The doctor may play a rubber at whist, with a whining old maid for a partner; that is excusable, unavoidable sometimes. He may mildly go through a dance, but he must not romp or polka: certainly not. He may drink wine after dinner till his head swims—that is essential. He may, in fact, do everything of the kind that is effeminate and enervating: but heaven protect the man if he ventures to play tennis, cricket, or any other game that shall call into unwonted play his elegant, half-useless, mute-at-a-funeral clad limbs.

"Gentlemen, without encouraging you to any injurious pursuits, I call upon you, as the coming representatives of medicine, to disobey the old woman oracle who dictates these absurd conventionalities. Innocent active pleasures are the salt of life; and the more vigorous the man, the more vigorous the mind. I take it that much of the namby-pambyism, vapidity, and anæmic conceit, which too much characterise all the learned professions, are due to this slow process of effemination, this undermining of the soul. Go to the British Association for the Advancement of Science—that parliament of intellect—and observe those who are the science-Hercules. You will find them amongst the men who are most genial, best body-built, least conventional."

Proceeding then to the mental labour of the medical pilgrim, the lecturer took occasion to observe that the science and practice of medicine is passing through a silent but rapid revolution. And this transition belongs to all things human.

The lecturer then went on to show how the student must keep up with the progress of medical knowledge—not by books, but by a natural course of study of objects. For this, in every department of medical science, there is every facility.

"Need I say—yes, I must say—that there is no excuse, either in morals or in knowledge, for that student of medicine who, in these days, is content to take his knowledge of natural things from pastors and masters, when he might take it from the Great Master over all. It is the worship of idols, such work, in the presence of the God of the universe.

"Thus it is that I warn you to go always to the originals for your information, and both now and hereafter to be very suspicious about other authorities. And, while you are thus yourselves learners from the realities of science, take care, as you advance into intellectual manhood, not to mislead others, by constituting yourselves the authorities of Nature. Gentlemen, believe me, there is not a greater quack extant, than he who claims for himself, and sticks himself up to, this distinction. There can be but one authority in science. It is true, a man may discover a natural law or fact, and make it known; but, in the very acts of his discovery and publication, he resigns all claims to authority, by calling, as he does, on every passer by to see the fact for himself. Such a man is the greatest of men; but he would as soon claim to himself the authorship of the natural fact itself, as of its mode of operation."

Dr. Richardson then went on to deprecate a reliance on the many so-called "authorities" to be found in the broad and easy way of medicine: "members of a Cockney family, who, walking to the foot of Ben Lomond, pump the guide with note-book in hand, straightway return home satisfied with their intimate knowledge of the mountain, and write an authority-description of the prospect from the mountain summit."

Dr. Richardson then went on to point out, since it was necessary to follow the changes in medical science, how the steps of the modern student should be directed differently from those of the ancients. He contrasted with the old method (not now thoroughly expunged) of arriving at general laws by the enumeration of all particulars, the true Baconian method of induction by exclusion. In past time, he was thought greatest who could most elaborately split up symptoms into diseases *per se*. Now, men are advancing by true induction back from symptoms to causes—and to few causes. In olden time, the manifestations of disease were held to originate in the body itself: now, we have traced the causes of diseases out of the body, and have proved that ninety-nine out of a hundred maladies are from the external world. And, in accordance with this change in the views regarding the origin of disease, has been the change in treatment—in some instances carried to an extreme. In the treatment of disease according to modern knowledge, there are three things to be learnt:—1. How to remove external causes; 2. How far to trust to the spontaneous evolution or removal of causes which have taken effect on the body; 3. How to meet those extreme results which sometimes succeed the natural or spontaneous attempts at removal. In studying the action of medicines, the student must learn to isolate the results produced by medicaments from those which would follow naturally, were no medicaments used at all. Practitioners vary in their practice; and each thinks himself the most successful. Hence the success is dependent on external or internal natural agencies, not universally seen nor comprehended. The

lecturer then glanced at the modern system of surgery as contrasted with the ancient. Hitherto "the surgeon not only supplemented Nature, but dubbed her quack, and took her business from her ruthlessly." Now "Nature, instead of being snubbed, is permitted to stand on the card of all intelligent sawbones as the senior partner in their concern."

Dr. Richardson would sum up the points of instruction which he had noticed in the following sentences:

"Work from Nature—she is your only authority.

"Work by induction—that is your charter.

"If on the mind of but one student here to day I could imprint these simple lessons, I know not what benefit I may not have bestowed on him, on his profession, on the world. All the good things which lie in store for medicine are indeed embodied in the progress of medical philosophy. You young men, going forth into medical life, ignore not, mistake not where the citadel of your strength is founded. Be led away by no bigotry, by no professional intolerance. When you would dictate, think how you can prove. When you blame the world for not recognising the full measure of your services, think you how you can convince the world that your services are worth what you presume. When you abuse the quack for his impudent shallow conceit, call to mind that the quack flourishes on your weakness. Recall the truth that in astronomy there are no quacks; that in mathematics there are no quacks; that even in simple mechanics—even among the artisans who form the lowest strata of your patients—there are no quacks. And why? Because the men of these occupations, great or little, work to a demonstration, and are paid or penaltied according to their competency."

ST. BARTHOLOMEW'S HOSPITAL.

The Introductory Lecture was delivered by Dr. Kirkes. The lecturer addressed his observations to the students, who formed the great bulk of his audience. The science of Medicine and Surgery, which they had chosen as the object of their study, was well worthy to engage the highest intellectual abilities; for it was a science which, by Divine assistance, enabled man to mitigate and remove human suffering, to avert the withering hand of death, and to restore health to the sick and dying. It was a profession in which the greatest intellectual powers were brought into action, for the objects to be studied were: 1. The structure and functions of man, the masterpiece of God's works; 2. The relation of chemical and physical forces to the mysterious principle of vitality, which forms living, sentient beings, out of the dust of the earth; and 3. The nature and treatment of disease. The subjects were inexhaustible, there being scarcely a disease of which the true nature and essence were known, although, from the continual and rapid progress of science, it might be expected that much which was dark would soon be made clear. But moral as well as intellectual enjoyment was afforded by the science of Medicine; for, in the alleviation of suffering and cure of disease, there would be felt great inward satisfaction and happiness. The lecturer next offered some advice as to the best way of becoming accomplished members of this honourable profession; he pointed out the great facilities for study afforded by St. Bartholomew's Hospital, but at the same time urged upon his hearers the necessity of working for themselves—of cultivating the habit of industry and unwearied perseverance, since talents without sheer hard work would avail nothing; whereas industry, even in the absence of great talents, would accomplish nearly anything. Work should yield pleasure, and "Labor ipse voluptas" should be among the students' mottoes. He instanced the pleasure received by a sportsman in the pursuit of game, which made him regardless alike of weariness, or cold, or hunger, as being the kind of pleasure which results from the steady pursuit of one object; comparing it with the indefatigable labours of John Hunter in the pursuit of scientific truth, rising with pleasure at six in the morning, and working till midnight at his favourite pursuits, and taking delight in the exercise of his intellectual powers. The lecturer next advised the students to keep a watchful eye over the expenditure of their time, to gather up the fragments, the occasional spare ten minutes, and press them into the service of study. Relaxation, however, was necessary both for body and mind, to preserve them in vigour; he exhorted the students, therefore, to beware how they employed their leisure hours, to use them as restoratives, and not waste them in idleness or frivolity. Respecting the three principal sources from which their knowledge was to be drawn, viz. lectures, reading, and observation, the lecturer urged upon his hearers the duty of giving an equal share of their attention to all—not to make exclusive use of any to the neglect of the rest. Among the numerous obstacles to professional advancement, the lecturer alluded to the supposed hindrances of imperfect education and scanty means, pointing out that these, far from being bars to success, were frequently means towards obtaining it, by stimulating to more powerful exertions. He instanced Hunter, Watt, and Stephenson, as proofs that men whose early youth was beset with difficulties, and whose education was neglected, yet have fought their way through all obstacles, and risen to the summit of the hill of fame, leaving many behind whose extraneous advantages had been greater.

ST. THOMAS'S HOSPITAL.

Dr. Brinton addressed himself to the new students, with the intention of pointing out the chief peculiarities of their future studies. First and foremost was the magnitude of the task they undertook. Four preparatory sciences—Anatomy, Physiology, Chemistry, Botany; two mechanical arts—Dissection, Practical Chemistry; a full and technical knowledge of Medicine in its subdivisions of Physic, Surgery, Midwifery, as well as its fragments, Materia Medica, Forensic Medicine—all these branches of knowledge they had to acquire in about twenty-seven months of actual study, in a period less than sufficient completely to train a soldier. He then inquired into the appliances they brought to this task. Assuming their liberal education, still he could not also assume that they were already disciplined for study; or if so, probably the mere bookmen required just as much training in respect to observation, as did the less literate student in respect of reading. In short, with less general preparation than would generally have been accorded to a student preparing for the Church or the Bar, they had to begin a series of technical studies, far more extensive than any required by these or other professions in this or any period of the world's history. He then drew a picture of a student, beginning with the best intentions, but bewildered into an undue cultivation of one or two studies on the one hand, or into general idleness on the other. It was extremely important to warn the student that the subjects prescribed for him by the examining bodies were to be attended to, at first, to the exclusion of every speciality, every accomplishment, forced upon his notice; and that any reversal of this rule might endanger not only his future usefulness, but even his integrity and self-respect. Dissection, however repulsive at first sight, required little enforcement. The common sense analogy between the practitioner of medicine and the artisan who has to mend a machine, was indeed less than the truth; anatomy being the general as well as specific knowledge, and the implement as well as the information necessary. The object of dissection was threefold: as to Physic, it taught the situation and land-marks of the internal organs; as to surgery, it taught the structures concerned in the science, and the operative skill necessary to the art. Lectures, again, required some explanation, not only from their large claims on the student's time, but from their influence on his education, and the misunderstandings sometimes promulgated respecting them. They appealed to larger numbers, and influenced these more completely than books; they gained access to the mind by a readier and more natural channel, and their effects were heightened by the circumstances of their delivery; they were valuable as a counterpoise to bookish habits, such as would invariably warp that healthy concord of all faculties so essential to the study of Medicine; they taught a medical student what was most necessary in after life—how to receive, and analyse, and reconstruct a continuous oral narrative; they guided the student, who would otherwise be very likely to select unfit books from a teeming professional press; they methodised his study, and arranged it to a suitable rate of progress; and lastly, if properly conducted, they shared some of the chief advantages of the tutorial system, in permitting illustration, demonstration, and repetition, according to the needs of the existing class. Assuming these statements, it followed that the full value of lectures was only to be reaped by careful and co-ordinate exertion on the student's part. He must consider himself his own tutor, as regarded lectures; and, as one part of his duties in this capacity, he was earnestly counselled to take thorough and complete notes. The lecturer passed on to the subject of reading. He inculcated the intense study, the mastering, of a single good book in each subject. It was only by such thorough study that the student acquired the facility so indispensable to him in his future life, where it would be his duty rather to select from a variety of books and journals, than to read or study any of them professedly. The absolute amount of reading, however, the lecturer regarded as to be determined by each student's

idiosyncrasy. In alluding to Clinical Medicine, the lecturer confessed its imperfections, as at present taught in London, claiming only for St. Thomas's a full equality with other institutions. Indeed, after glancing at his own subordinate duties in the school, and at his complete want of all opportunity of assisting in the instruction given in the Hospital, he went on to say that his casual (and, he feared, but temporary) connexion with the institution entitled him to rank as a comparatively unbiassed judge of its merits. After asserting these in general terms, he pointed out some details characterising St. Thomas's Hospital.

LETTERS AND COMMUNICATIONS.

Letters or communications for the Journal should be addressed to Dr. Wynter, Coleherne Court, Old Brompton, S.W.

Letters regarding the business department of the Journal, and corrected proofs, should be sent to 37, Great Queen Street, Lincoln's Inn Fields, W.C.

British Medical Journal.

SATURDAY, OCTOBER 10th, 1857.

THE CHOLERA.

In the midst of war, there is a rumour of pestilence. The hottest summer within the memory of the greater part of the present generation has passed, and there has been no breath of cholera; an Indian summer has passed over us, and our mortuary table is unstained with the record of this, *par excellence*, Asiatic disease. A very large amount of fatal diarrhœa was undoubtedly prevalent in the very height of the summer, when the thermometer was at 90° in the shade; but this complaint faded away as the mercury fell, without ripening into the more deadly epidemic. Nevertheless, now that comparatively cold weather has set in, and we have almost forgotten to take note of foul smells and to avert our footsteps from open sewers, now that even the Thames has lost its putrescent odour, there is a rumour of pestilence; nay, more than a rumour—a certain report that the destroyer has returned to his old frequented haunt in the Baltic, making Hamburgh his head-quarters. The *Daily News* informs us that, between the 29th of August and the 6th of September, 239 cases of cholera had occurred in that town, of which 136 had proved fatal. If this statement is correct, it proves that the visitation this time has put on more than its usual virulent features. We have been so accustomed of late years to associate cholera with summer and early autumn, that, having tided over this dangerous season without its having made its appearance, we are but too apt to consider ourselves safe for the year at least. And yet, when we consider the history of the epidemic, we see at once how fallacious is the idea that it belongs to any season or time—that cold weather, in short, prevents its approach or stops it short in its career. In northern Russia, some of the severest outbreaks have taken place in the very depth of winter; and the very first epidemic of cholera in this country broke out towards the latter end of October, and continued through the winter of 1831-32. That outbreak was supposed to have had its origin in infection, and Hamburgh was the foreign port from which this infection was reported to have been brought. The Board of Health have long laboured to destroy the infection theory; without, we think, sufficient proof, they have denied that the cholera is imported, and their denial has led to the disuse of all precautions as directed against the importation of the disease.

We do not think, as we have before said, that they are warranted in this denial—we do not know enough yet of this terrible disease, to feel certain at all as to its origin or method of propagation. This, however, we do know, that it observes certain laws: it, for instance, travels in certain directions and haunts peculiar places. Most of the outbreaks in England have followed outbreaks in the Baltic, and especially those at Hamburgh. It may be that certain conditions of the atmosphere and certain states of the wind are necessary for its arrival thence in this country—that an east wind is necessary to bring the morbific influence hither; if so one of those conditions is present, and this being the case, the outbreak in Hamburgh has caused the General Board of Health to start into sudden life, and to spread abroad to local Boards the rumours of pestilence. We have given in another column the official document issued by the General Board, and the advice it gives to those having sanitary authority throughout the country.

As to the value of these recommendations of precautionary measures, whatever the value of the opinions as to the non-contagious character of cholera, there can be no manner of doubt. That animal and vegetable impurities, whether contained in air or in water, are the allies, if not the cause (with others) of cholera, no one has ever attempted to deny. We earnestly hope, therefore, that local Boards of Health will, without further delay, put in full force these powers of defence against the possibly pending attack of this most malignant of modern diseases. There is something in its sudden and tiger-like spring akin to the great sepoy revolt; and, as in the sepoy revolt, a determined preparation, even by a few energetic men, will often save a town.

There are other preparations, however, of vast importance which cannot be thus suddenly made; such, for instance, as the public water supply of large cities. There can be no manner of doubt that the condition of the drinking water has been at the bottom of much of the cholera in this country. Let us quote from the official document of the Board of Health, as an illustration of this position, the following account of the effects upon different portions Lambeth of good and bad water:—

"The southern districts of London (comprising nearly a fifth of the entire population of the metropolis) have presented a complete proof of the importance of a pure water supply in relation to the ravages of cholera. For throughout those districts, during the epidemic of 1853-4, there were distributed two different qualities of water, so that one large population was drinking a tolerably good water, another large population an exceedingly foul water; while in all other respects these two populations (being intermixed in the same districts, and even the same streets of these districts) were living under precisely similar social and sanitary circumstances. And when, at the end of the epidemic period, the death rates of these populations were compared, it was found that the cholera mortality in the houses supplied by the bad water had been 3½ times as great as in the houses supplied by the better water. This proof of the fatal influence of foul water was rendered still stronger by reference to what had occurred in the epidemic of

1848-9; for on that occasion, one of these companies (which soon afterwards improved its supply) was giving even a worse water than its rival; and the population supplied by it had at that time suffered a proportionate cholera mortality. So that the consequence of the improvement made by this water company in the interval between the two epidemics was, that whereas in the epidemic of 1848-9 there had died 1,925 of their tenants, there died in the epidemic of 1853-4 only 611; while among the tenants of the rival company (whose supply between the two epidemics had become worse instead of better) the deaths, which in 1848-9 were 2,880, had in 1853-4 increased to 3,476. And when these numbers are made proportionate to the populations or tenantries concerned in the two periods respectively, it is found that the cholera death-rates per 10,000 tenants of the companies were about as follows:—For those who in 1848-9 drank the worse water, 125; for their neighbours, who in the same epidemic drank a water somewhat less impure, 118; for those who in 1853-4 drank the worst water which had been supplied, 130; for those who in this epidemic drank a comparatively clean water, 37. The quality of water which (as is illustrated in the first three of these numbers) has produced such fatal results in the metropolis—causing two-thirds of the cholera deaths in those parts of London which have most severely suffered from the disease—has been river water polluted by town-drainage; but in other instances there is reason to believe that some of the most destructive outbreaks of cholera which have occurred in particular groups of houses have depended on the use of wellwater into which impurities had either been carelessly thrown, or had drained or leaked through the adjoining soil."

Against the danger lurking in the defective water thus supplied by large companies, no sudden defence can be adopted. If towns have not set their houses in order during healthy seasons in this respect, they can do nothing in the hour of danger; but there are innumerable other aids to pestilence which can be set to rights at any times. Among these are bad drains and cesspools. It has often been observed that the handsomest houses, situated in the most salubrious air, whose possessors have no want unsatisfied that wealth can minister to, suddenly become the abode of fever and cholera. On inquiry, the grim visitant is proved to have made good his entry through some untrapped drain, or to have been called into life in some newly disturbed cesspool. In country houses, and even in some large mansions, dozens of these hiding holes of disease are concealed in the basement floor, often unknown to the occupants themselves. The luxury, the comfort, the amount of air and space to be found in such habitations, form no protection against the one tainted spot; for we should understand it as a maxim in sanitary matters, as it is in the science of fortifications, that no place is stronger than its weakest point. If, then, we have shown that there is pure death lurking at times of epidemics even within the walls of the best houses, what might we not expect to find lurking in the wretched tenements of the poor? To clear away such impurities as therein gather is the bounden duty of all local boards, and we trust they will not delay the duty. It has been well said by Mr. F. O. Ward, that circulation *versus* stagnation, in the refuse matter of cities, is the one great necessity both for the health of towns and the fertility of the country. This circulation the invention of pipe-drains is calculated to carry out; and we firmly believe that we shall never effectually remove cholera from among us until it is flushed out by means of their agency. Meanwhile, very much can be done by the mere removal of present refuse; and we trust that the warning of the General Board of Health will not be lost upon local Boards.

THE WEEK.

A very painful case of accidental poisoning has just occurred at Durham, in which the victim was the wife of Dr. Trotter, a much respected physician of that city. The most distressing feature of this unhappy mistake is that the poison was unfortunately administered by her own husband, to whom it had been given by a brother practitioner. The particulars of the case will be found in another column; it will therefore be sufficient here to state that the unfortunate lady, suffering from tic douloureux, her husband proceeded to the residence of Mr. Robson, surgeon, to procure a liniment, in which the tincture of aconite was an ingredient. This application not proving efficacious, he again called upon Mr. Robson, and asked, as he most positively asserts, for some tincture of henbane; but, according to Mr. Robson's account, for tincture of aconite, with which he was furnished. This the unhappy husband unfortunately administered to the extent of thirty drops, the first time, singularly enough, without much ill effect, but the second time with a fatal one. At first sight it does seem rather singular that Mr. Robson should have given the aconite, without one word of remark, knowing that it was for Mrs Trotter, and that an accident had formerly happened to her from having taken it; but when we recollect that the gentleman to whom it was given was a professional man, well acquainted with its effects, and that tincture of aconite was an ingredient of the original liniment, the wonder in some measure ceases. This unfortunate occurrence is an instance of those accidental poisoning cases which may be looked for under any system of precaution and registration. The utmost precaution was indeed taken against the accidental use of this very aconite; it was placed in a peculiar bottle behind the others, was tightly fastened down, and had not been disturbed for a long time. Notwithstanding all this care, however, the accident happened. The verdict in the case was, of course, accidental death.

We beg to warn our metropolitan associates against the arts of a dark, short, shabbily dressed woman, who is at the present moment going from house to house, victimising members of our profession. This person called on Tuesday, about five o'clock in the evening, in a state of great seeming excitement, at the residence of the Editor of this Journal, and, presenting the card of a lady at Hammersmith, requested that he would immediately proceed to her residence, as she was suffering under a sudden seizure of delirium. In the absence of Dr. Wynter, she was for a few minutes shown into the dining-room, where she probably expected to find some stray prandial spoons; but, in the absence of those articles, she appropriated a surgical case, some scientific instruments, and a table-cloth, with which she got away without exciting any suspicions. At her departure, however, she begged for a card, "to show her mistress that she had called at the right place". From this circumstance, there can be no doubt that she makes one medical man the unknowing instrument in victimising his professional brethren, the presentation of an address card being so well calculated to lull all suspicion.

Association Intelligence.

MEETING OF COMMITTEE OF COUNCIL.

A MEETING of the Committee of Council will be holden at the Queen's Hotel, in Birmingham, on Monday, the 12th October, at half-past three o'clock.

PHILIP H. WILLIAMS, M.D., *General Secretary.*

Worcester, September 28th, 1857.

[On the same day, the first annual meeting of the National Association for the Promotion of Social Science, will be holden in Birmingham. An address will be delivered by Lord Brougham.]

LIST OF MEMBERS: NOTICE.

IN accordance with Law 24, a list of members of the BRITISH MEDICAL ASSOCIATION will shortly be published. Gentlemen whose designations or addresses are incorrectly given in the last list, or on the wrappers of their Journals, will oblige by at once forwarding the necessary corrections to the Editor of the JOURNAL, 37, Great Queen Street, Lincoln's Inn Fields, London, W.C.

EAST YORK AND NORTH LINCOLN BRANCH: ORDINARY MEETING.

A GENERAL MEETING of the East York and North Lincoln Branch was held at the Yarborough Hotel, Grimsby, on Thursday, September 24th; HUMPHRY SANDWITH, M.D., of Hull, President, in the Chair. The following gentlemen were present: John Bell, Esq. (Grimsby); John P. Bell, M.D. (Hull); Owen Daly, M.B. (Hull); W. H. Eddie, Esq. (Barton-on-Humber); J. F. Holden, Esq. (Hull); K. King, M.D. (Hull); H. M. Leppington, Esq. (Grimsby); and J. A. Locking, Esq. (Hull); also as visitors, W. T. Bell, Esq. (Grimsby); John Gallagher, M.D. (H.M.S. *Cornwallis*); H. George, Esq. (North Thoresby); G. Holland, Esq.; T. B. Keetley, Esq.; J. Lambeden, Esq. (Grimsby); and C. B. Moody, Esq. (Mayor of Grimsby). Several gentlemen were prevented from fulfilling their intention of being present.

The PRESIDENT delivered an elaborate address, exposing the statements advanced in Dr. Horner's pamphlet on Homœopathy, and advocating the claims of legitimate medicine.

Mr. EDDIE (Barton) proposed, and Mr. LEPPINGTON (Grimsby) seconded—

"That the thanks of the meeting be presented to Dr. Sandwith for his address, and that he be requested to publish it."

The motion was carried unanimously.

A VINDICATION OF LEGITIMATE MEDICINE.
BY HUMPHRY SANDWITH, M.D.

GENTLEMEN,—I trust you will exercise a generous forbearance towards me, if I trespass on your patience at greater length than is usual on occasions like the present. You will shrewdly guess the cause; and you will agree with me in censuring Dr. Horner less on account of his advocating a fashionable folly, than because he has branded legitimate medicine with unmerited reproaches. One thing must strike the professional reader of his pamphlet as passing strange; and that is the professed confidence of the writer, that the homœopathic millennium is on the eve of its development, and that the old system of medicine is rapidly dying out. No man could write so disparagingly of the latter, whose mind had been deeply imbued with its philosophic teachings; for such a man would be in no mood to be carried away headlong with an enthusiastic admiration of novelties, which are utterly opposed to every conclusion drawn from accurate observation and cautious induction. Dr. Horner has even made the honours, which have been generously awarded him, the very instruments of degrading legitimate medicine in public esteem.

The observations I am about to make are not meant, like those of Dr. King and Mr. Dix, to disabuse the non-medical public of certain mischievous impressions left by the perusal of Dr. Horner's pamphlet; my object is rather, by a vindication of the maligned principles and practices of our profession, and by conducting you through an ideal gallery of the portraits of a few of the illustrious founders and promoters of medicine as a science, to excite in your minds increased admiration and fresh zeal in its defence, as well as a spirit of lofty emulation in promoting its triumphs. Dr. Horner's attempt to popularise his newly adopted system by a plausible array of cases and ingenious special pleadings addressed to non-professional readers, I hold to be a mockery and mischief to society; because, so far as it wins confidence, it disparages a sounder system, and substitutes an injurious delusion in its place. My appeal in favour of legitimate medicine is to men accustomed to medical reasoning; to whom, therefore, it will be easy to show that we have a just ground for glorying in our profession, even though all the rest of the world should combine to vilify and degrade it.

"Homœopathy", we are told by Dr. Mure, and in no mere figure of speech, "is not a science merely, but also, for those who comprehend it, a sublime devotion, a form of religion, a rainbow of divine union, holding out to mankind the promise of speedy regeneration." And he refers to those *infinitesimal* doses which elude the grasp of human conception, as impressing upon the science the stamp and character of the Infinite! Hence a sublimation of matter by trituration or dilution is supposed to *spiritualise* it, and arm it with tremendous potency. No wonder that Hahnemann himself, dwelling with rapture on this grand discovery, thought it more consonant with so sublime a science to exchange the gross swallowing of globules for the refinement of smelling their ethereal virtues! But a truce to such visionary speculations, so akin to madness; and "war to the knife" with dogmas which defy alike mathematical demonstration, moral probability, and common sense! Meanwhile, unabashed by such a constellation of illustrious men as have immortalised legitimate medicine, Dr. Horner contemptuously declaims against the antiquated prejudices of the old school. "The profession", he remarks, is at present so prejudiced, so tied and bound—yea, 'so cabin'd, cribb'd, confin'd' by the old doctrines of colleges and schools—doctrines which they have imbibed from 'their youth up'—that even the powerful wand of truth itself, though armed with conviction at its point, cannot as yet penetrate the dark armour of this prejudice and self-interest in which they have encased themselves." Then, boasting of the inward satisfaction of an approving conscience, as of right belonging only to the homœopathist, because "he has not weakened or injured the powers of the constitution", he coolly asserts that "the energetic practitioner of the old system, the man who fully acts up to its teachings, has no rightful claim to such a satisfaction as this"! While the homœopathist thus lays the flattering unction to his soul, I scruple not to denounce his system as too often chargeable, from its fatal inactivity in acute diseases, with the death or damaged organs of the poor deluded patients; for, much as the homœopathist affects to dread the lancet, he has far greater cause to shrink from the revelations of the scalpel. Let me advise Dr. Horner and his homœopathic brethren, if they would "most stringently, zealously, and, I may add, jealously, conduct a lengthened and practical inquiry" into the merits of the new system, to cultivate the morbid anatomy of the subject; for, if I am not greatly mistaken, the grave has thrown a veil of oblivion over the spoiled organs and damaged structures of many unhappy victims of this most dangerous and destructive empiricism. I myself have seen, after death, the ravages of an unsubdued inflammation, which homœopathy, by the inactivity of its measures, had allowed to disorganise the heart and its investing membrane; and I have twice met with the stethoscopic signs of the cardiac valves spoiled and thickened, as the result of an unchecked endocarditis. I need not dilate, before such an audience as this, on the value of morbid anatomy, as alike demonstrating the changes effected by disease in vital organs, and guiding us to a right method of cure. Hahnemann, however, disparages this mode of studying diseases, and "maintains that the physician may entirely neglect the internal condition or pathological state producing the symptoms, as both an useless and imaginary study." It was more cunning than wise in the founder of homœopathy thus to caution his disciples against exposing its principles to so searching a test; for he well knew that a system based on abstract principles and vague analogies would be exploded by an appeal to the scalpel. Meanwhile, as homœopathists estimate complaints by symptoms only, the temporary suspension of them often leads them to regard patients as cured when latent organic disease is untouched by the remedies; for patients with damaged organs do not always die, but sometimes linger on with enfeebled health and continued liability to relapses.

There is another statement of Dr. Horner's, which demands more than a passing comment; namely, "that it is especially in acute inflammation of the vital organs of the body (as the brain, the lungs, the stomach, and bowels, etc.) that the cura-

tive action of homœopathic remedies is so decided and rapid." Such a statement as this, unless borne out by the weightiest and most unimpeachable evidence, is all the more culpable from "the emphatic manner" of its announcement. But the cases of croup and bronchitis adduced in support of it are so vaguely reported, so wanting in all the genuine marks of a cautious and minute observation, and so entirely rest on the unsupported testimony of an interested observer, as not to weigh a feather in the scale which has to overbalance upheaped improbabilities. The priestly impostor, who feigns to perform miracles by laying claim to a supernatural influence, has the merit of assigning an adequate power for the performance of his vaunted cures—a merit denied to any man, who dares to speak of "having proved the remarkable efficacy of homœopathic remedies" in acute inflammation of the vital organs, as well as in consumption. Fleischmann, the homœopathic physician of Vienna, more prudent than Dr. Horner, "has publicly declared that he does not believe that homœopathy has any drug or drugs which can cure this disease (consumption), or even perhaps succeed in retarding its progress." Meanwhile, the hapless abandonment of patients with inflamed vital organs to the tender mercies of the homœopathist is sneeringly spoken of by Dr. Horner as "a happy abandonment! yea, and fortunate escape from the lancet and leeches, from blisters and cupping-glasses, and from all those other appliances, which, by destroying vital energy, paralyse restorative power!" Evidence, however, is not wanting to prove the distrust of homœopathists themselves in infinitesimal doses. Such was Dr. Quin's, when he recommended Mr. Liston to prescribe belladonna and aconite in tangible and *allopathic* doses; as also when, as Dr. Cormack tells us, he (Dr. Quin) "openly advised very large doses of camphor in cholera". These recommendations of Dr. Quin are a manifest deviation from his professed principles, and illustrate the readiness with which others of his fraternity also are wont to pass the frontier line of homœopathy, and practise in the spirit and with the doses of allopathy. Language would fail to censure as it deserves the conduct of those, whose elastic consciences will allow them to practise either homœopathically or allopathically, or who, when there is a strain on their reputation, will secretly borrow their remedies from a system which they openly repudiate.

As Dr. Horner has shown great antipathy to the lancet, which he would fain discard from the appliances of rational medicine with no better plea than the mushroom experience of homœopathy, I shall attempt a vindication of its paramount value. But it is necessary first to dispose of Dr. Horner's culpable management of the argument derived from medical statistics in favour of the homœopathic treatment of pneumonia. You well know what a most exceptionable use he has made of Dr. Routh's "*Fallacies of Homœopathy*, and the imperfect statistical inquiries, on which the results of that practice are estimated." One is scarcely warranted even in attributing the suppression of the latter half of the title of the book to mere carelessness. He also wraps up the whole of Dr. Routh's evidence against homœopathy in a short compendious table, extracted from a mass of documents of the highest value, and then apologises for the manifest injustice of such a course by the flippant remark—"I am sorry that I cannot, in the compass of a letter like this, present you with the various statistical tables, including all the chief diseases of the body; and which have been drawn up with *the utmost precision*, under the supervision of physicians both of the new and of the old school: in some cases, as in Russia and Bavaria, by command of government; *without any exception*, the results are very greatly in favour of the homœopathic treatment." The following is his short tabular view of the contrasted mortality of the two systems:—

Deaths Per Cent.

	Homœopathy.	The Old System.
Inflammation of the lungs	5	28
Pleuritis	3	13
Enteritis	4	13
Dysentery	3	22
All Diseases	4	10

Thus, on Dr. Horner's showing, the non-professional reader is shut up to the conclusion, not only that all the homœopathic statistics given by Dr. Routh "have been drawn up with *the utmost precision*," but also that, "*without any exception*, the results are very greatly in favour of the homœopathic treatment." And as if to set the seal of infallibility on this statement, he assures his readers, that Dr. Routh confesses the efficacy of homœopathic remedies in the most severe cases of inflammation, "wisely adopts in his own practice the homœopathic cure for inflammation of the lungs, and urgently recommends it to the rest of the old school." In other words, Dr. Routh has been so foolish as to write a book to prove the fallacy of a system, which he nevertheless cordially approves and recommends to others! It is true, indeed, that Dr. Routh states, that he has seen pneumonia do well under homœopathic treatment, as well as under "scarcely more energetic" allopathic treatment. But as if to shield himself against any gross misconception of so candid a statement, he subjoins this remark: "I think we may therefore conclude, that nature, or very simple emollient drinks, quiet, rest, a warm atmosphere, will *often* cure pneumonia, apart from any drugging whatever. But I do not wish to infer from this conclusion, that the expectant method is preferable to proper medical allopathic treatment." Who could dream, from Dr. Horner's representation of Dr. Routh's pamphlet, that it teems with objections to the conclusion, to which, by studiously keeping them out of sight, the reader is most unfairly conducted? I purpose therefore to supply the culpable defect of Dr. Horner's representation, not merely because I shall thereby turn the tables upon him, but also and chiefly because so philosophical a view of the causes, which modify medical statistics, is in the highest degree instructive.

Dr. Routh adverts to two classes of modifying causes, *general* and *special*. His enumeration of *general* causes embraces the following: difference of locality—climate—the constitutional type of prevailing diseases—the mildness or severity of epidemic maladies at different seasons and at different periods of the same season—modes of living—and peculiar mental and moral epidemic influences, such as a revolutionary spirit, the dejection of defeated armies, and national habits of intemperance. He shows us, how extensive is the power of these *general* causes in influencing the mortality of different diseases, and how much the disregard of them, in a comparative estimate of the effect of different modes of treatment, must vitiate any medical statistics. But it is his enumeration of the *special* causes, which bears with crushing effect on the statistics of homœopathy. These are: 1. The exclusion of moribund cases from homœopathic hospitals, which are admitted into allopathic ones, occasioning a difference of four per cent. in one disease; 2. A selection of mild cases by the homœopathists, which so interferes with the identity of the disease in the two kinds of hospitals, as to make the comparison greatly to the disadvantage of legitimate medicine; 3. There is no trustworthy check on diagnosis in homœopathic establishments, bronchitis being confounded with pneumonia, cerebral congestion with cerebritis, pleurodynia with pleuritis, etc. Hence a vicious and misleading nomenclature; 4. Homœopathic hospitals often enjoy a healthier site and locality than allopathic ones, which for the most part are built in the heart of crowded cities; 5. The ventilation, accommodation, nursing, etc., are often very superior in homœopathic hospitals; 6. A better class of patients is selected by the homœopathists, while the most wretched outcasts of society are admitted into allopathic hospitals; 7. Patients are not admitted at the most dangerous ages—childhood and old age—in any fair proportion into homœopathic establishments,—age being an item which materially affects the cypher of mortality; 8. The complication of Bright's disease with pneumonia, which in England greatly aggravates its mortality, is rarely met with in the continental homœopathic hospitals. On a review of all these *general* and *special* causes, we are warranted in affirming with Dr. Routh, that "the disparity in the mortality is not due to the better homœopathic treatment, but to a selection of cases, a younger age, and probably in very many cases incorrect diagnosis." And we may confidently ask with him,—"when due allowance is thus made for all these sources of fallacy, how many cures remain, which can be attributed to pure homœopathic remedies?"

Professor Simpson of Edinburgh has ably confirmed Dr. Routh's assertion of the studied selection of cases by the homœopathists, in the following tabular contrasted view of dangerous and harmless cases in the Edinburgh Allopathic Hospital with its 6,369 patients, and in the Vienna Homœopathic one with its 6,501 patients:—

	Edinburgh Allopathic Hospital.	Vienna Homœopathic Hospital.
Consumptive cases	276	98
Palsies	103	5
Organic disease of the heart	159	15
Organic disease of the liver	33	1
Bright's disease of the kidneys	82	0

Diabetes mellitus	-	-	-	17	-	-	0
Internal aneurisms	-	-	-	18	-	-	1
Cancerous tumours	-	-	-	55	-	-	0

The statistics of harmless cases, such as chicken-pox, tetter, chlorosis, headache, and influenza, are much in the same relative proportion, but in this case the excess is on the side of Homœopathy.

But I will not leave Dr. Horner in possession of the slightest appearance even of any advantage from statistics. For though the above exposure must shake all confidence in his boasted figures, I will decide the question, not by argument only, but also by arithmetic. To make good his case, Dr. Horner should not have confined his view to the statistics of the Homœopathic Hospital at Vienna. For we have only to examine those of other hospitals of the same class, to demolish the boast of a 5 per cent. mortality in pneumonia under the infinitesimal treatment. Thus the Homœopathic Hospital returns from Leipsic and Kremzier give a higher mortality in pneumonia than these from Vienna, and show a larger mortality, viz., a mortality of 13 per cent. at Leipsic, and 15 per cent. at Kremzier, instead of the 5 per cent. of Fleischmann at Vienna." But if we were to admit the mortality of pneumonia under homœopathic treatment as not more than 5 per cent., what would follow? Why, that the advantage is triumphantly in favour of allopathy. For it appears from the official Army returns, that the mortality of pneumonia under allopathic treatment has been reduced to 3 and even 2 per cent. This fact is all the more decisive, from the light which it throws upon the disadvantages of allopathy in city hospitals,—disadvantages which account for the larger mortality in them so much paraded by the homœopathists. For when the two systems stand on even ground, even assuming for the sake of argument the accuracy and truthfulness of homœopathic statistics, the verdict is clearly in favour of allopathy.

Our case is so strong, that we can afford to admit the occasional abuse of the lancet, though as a matter of profound regret. What then? It by no means follows, that we should plunge headlong into the deeper abuse of discarding it altogether. I shall therefore attempt to vindicate its use both in insulated cases of inflammation of vital organs, and in certain epidemic diseases. I lay claim, of course, to a few well known medicinal auxiliaries; but I repudiate the boasted globule as mischievously, if not murderously, inert. For that dilution adds to the power of a drug, is an intolerable insult to common-sense. Before I proceed, however, with my illustrations of the value of the lancet, let me shield myself against the possible charge of an indiscriminate advocacy of an agency, which is a good or an evil according to the discretion which regulates it. The man, who blindly disregards the circumstances, which sometimes demand, at other times forbid, and, when it is employed, modify the use of the lancet, errs quite as culpably as the homœopathist, who scouts it altogether. For while homœopathy acts as if medicine was governed by laws as definite as those which obtain in the physical sciences, allopathy bends to varying circumstances, "because it has to deal, not with the simple relations of matter, but with organisation ever varying and governed, in its innumerable changes, by a subtle principle, of the laws of action of which we are entirely ignorant; nay, the very existence of which we recognise by its effects." Overpowering as is the evidence in favour of bloodletting, generally or locally, in the pages of our best medical observers, from Sydenham downwards, I by no means contend for its *universal* application. No fact is better established, than the varying mortality, at different seasons, of the eruptive and other fevers, as the result sometimes of inflammatory determinations of blood to some vital organ, and at other times of depressed vital power, produced either by a deadly specific poison, or by the hostile agency of the seasons, or by both. The use or avoidance of the lancet is, of course, regulated by a regard to these circumstances. Observation is our only guide in ascertaining the existence of this or that condition. Of the fact of such variations there can be no reasonable doubt in the minds of any conversant with medical literature, or familiar with the diseases of the last half-century. And every careful medical observer has, for many years past, felt himself occasionally compelled to withhold the lancet, from some inexplicable change in those circumstances which thirty or forty years ago would have vindicated its utility.

It may be said, and I believe with truth, that *sthenic* pneumonias are much rarer now than formerly. "Of late years," says Professor Alison, "the general result of my observation has been, that hardly any cases of pneumonia, with regular inflammatory fever, show themselves." Most of Dr. Inman's cases, in the Northern Hospital, Liverpool, as reported in the British Medical Journal, seem to have been of this character,—cases, in fact, of *typhoid* pneumonia, bearing even wine in conjunction with alteratives. Still there are occasional exceptions to this low type of pneumonia beyond the pale of hospital or city practice, and especially among an agricultural population. In such exceptional cases, the vigorous nervous system of a bygone age is not so weakened by some unknown atmospheric or telluric influence as to forbid the use of the lancet, but only to limit its employment, or to suggest a preference of cupping-glasses or leeches. Besides, what has once been will assuredly be again met with from the normal revolution of ever-changing seasons. Nor am I singular in thinking, that there are already signs of a gradual approach of those invigorating influences, which marked the beginning of the century. Cases ever and anon recur, demanding, and by their success vindicating, a more decided use of the lancet. Within the last two years, I have known sporadic puerperal peritonitis successfully combated by one general bleeding, two leechings, and other auxiliaries, and with a rapid and satisfactory recovery. Are we, then, to ignore those faculties which dignify human nature, and resign the characteristics of a retrospective and foreseeing sagacity, at the beck of a purblind homœopathy, and limit our views to the present moment? Let it be granted, that we modify our treatment by the existing constitution of man, as affected by the air we breathe, or the food we eat, that is no reason why we should abandon venesection in those cases in which vital energy with its tense pulse and other signs of pure *synocha* evinces its superiority to prevailing influences, as for example in the sturdy nervous fabric of ruddy rustics in hilly regions, as opposed to the pallid and it may be intemperate artisans of our large towns. But if sthenic pneumonias are much rarer now than formerly, such a fact explains why so many patients recover with less bleeding or under the expectant method, the inflammation being less destructive to life because of its less intensity, and it suggests a refutation of Dr. Bennett's opinion, who refers the diminished mortality, not to a change of type, but to more moderate depletion. But another consideration tends to disprove Dr. Bennett's opinion of the diminished mortality of pneumonia, as judged of by comparative statistics; namely, that as the appreciation of symptoms by the stethoscope was formerly unknown, the milder cases would not be recorded as pneumonias.

But to proceed with my illustrations of the value of the lancet. In the cure of pneumonia, the true principle, as asserted by Dr. Stokes, "seems to be, that general bleeding is to be considered only as a preparative for other treatment, and not the chief means of removing the disease." Hence the advantage of its *early* employment. For the lancet, if trusted to alone, would rather conceal than remove the latent sources of danger. But used early, and as a preparative, with a vigour or moderation proportioned to circumstances, it facilitates the curative action both of antimony and mercury, thus hastening the removal of local congestions and deposited lymph. There is ample proof on record, that the characteristic expectoration, the pain in the side, the accompanying fever, and the auscultatory phenomena, all yield sooner in cases submitted to bleeding and antiphlogistic auxiliaries, than when either left to nature under the expectant method, or treated by medicine only. There will be less chance also of a hepatised lung, or a dislocated heart, or a wasting empyema. Moreover, the slower convalescence under the homœopathic regime, as attested by statistics, shows that the vital powers, owing probably to latent congestions, are more impaired than by allopathic treatment. I do not believe, with Dr. Bennett, that the processes of inflammation in a vital organ are in any sense salutary, as in the case of a fractured bone, and therefore not to be interfered with. For the local determination of blood, and the exudation of its elements, if not checked, soon impair its functions, as in the parallel case of iritis; but with this important difference, that in pneumonia they invade life at its source, by spoiling the purity of the circulating mass of blood, in addition to the exhausting irritative fever. For the vitalising function of the lungs, by means of the decarbonisation of the blood, is suspended in proportion to the inroad on the structure of the air-cells.

The value of the lancet in other local inflammations is too wide a field to be now entered upon. It would be a superfluous task, indeed, after the very able remarks of Professor Alison, Mr. Augustin Prichard, and others, on the same subject. Nevertheless, a passing remark or two may revive many instructive reminiscences in your own experience. For every

practical man must retain vivid impressions on his imagination of the successful management of certain critical cases, in the course of a lengthened practice. A few such I will just hint at. I have seen a patient, in danger of suffocation from hæmoptysis, rescued from impending death by abstracting blood enough from a vein in the arm just to make the heart falter, and thus arrest the deluge of blood into the air-cells. I have subdued cerebritis, suddenly supervening in the course of fever, by a moderate venesection and effective doses of tartar emetic. I have seen a severe inflammatory diarrhœa, in the puerperal state, which had resisted other measures, yield at once to the lancet, with the mildest adjuvants. I have seen severe rheumatic iritis promptly relieved by a free bleeding from the temporal artery, assisted by calomel. I have seen a child, blue with dyspnœa from suppressed measles, relieved, and soon covered with the florid rash of rubeola, after taking blood from jugular vein, and then quickly immersing the child in the warm bath. I owe my own life to copious bleeding in a severe attack of pneumonia, followed by tartar emetic in free doses after Laennec's method. Lastly, the life of one of my own sons, when only eight years of age, was saved by energetic depletion, both by the lancet and leeches, when in the utmost peril from an acute attack of inflammation of the membranes of the brain, supervening on scarlet fever. I am not aware that I ever saw a more decided case of meningitis.

But the mention of scarlet fever reminds me of the value of bleeding in certain epidemic diseases. I trust I shall be forgiven in slightly alluding to two published reports of my own, in which I have described both ordinary fever and scarlet fever in an epidemic form, and of an inflammatory type, successfully treated by the lancet, or leeches, or by both conjointly. This happened nearly thirty years ago; and I need scarcely add, that I have since encountered the same maladies, of a widely different type, which neither demanded nor would bear the same active treatment. My "Report of the Epidemic Scarlet Fever" (that in which my son's case occurred) was published in the *Edinburgh Medical and Surgical Journal* for 1833. Nor is this the first time in which it has been alluded to in the homœopathic controversy. For, ten years after its publication, the editor of that Journal referred to it in evidence of the value of active treatment in that disease, in refutation of Dr. Maunsell, who had said, "that practitioners, who follow the treatment recommended by Dr. Armstrong in scarlet fever, should at least peruse the sixth commandment". In reply to which, the editor further remarks, that "we scarcely know any class or order of practitioners, who have more need to have this commandment constantly before their eyes, than the gentlemen of the homœopathic school. For it should be remembered, that it is quite as possible to break this commandment by omission and neglect, as by commission and activity."

I shall conclude these illustrations of the value of the lancet by citing two well known examples of epidemic disease in which success crowned the heroic use of the lancet, after other methods had been tried and failed. There is a dramatic grandeur about both these medical histories, which enchains our admiration, as much as the appeal of their overpowering evidence in favour of depletion takes captive the judgment. The first is the example of a puerperal epidemic fever, which prevailed at Leeds from the year 1809 to 1812. That venerable man whom the French call the patriarch of English surgery, William Hey, was then alive, and, with his son, the father of the existing surgeons of that name, witnessed the devastations of this dire disease in his own populous district. Taught by Clarke, Kirkland, Leake, and the writers of the old school, who probably had to contend with a depressing condition of the atmosphere, such as that which has revisited these islands during the last twenty years, the two Heys had an almost homœopathic dread of the lancet in that disease. But their conservative caution availed them not; for some unintelligible change had invested the complaint with an activity which defied half-measures. They "were alarmed by the extreme rapidity with which the disease ran its course, and by its constant fatality, unlike anything which had ever been known in Leeds." Mr. Hey's instructive narrative of the speedy revolution in their views, with its important practical results, ought to be graven "as with a pen of iron, on the rock for ever". "It has been stated," says he, "that before the plan of bleeding was adopted, of fourteen patients who were attacked with the disease, only three recovered; and I have now to add that, after the ninth case (the fifteenth in my practice), in consequence of which I determined *to use bleeding in addition to purging*, of thirty-three patients whom we attended, only three died, the last twenty-six having recovered in uninterrupted succession." The history of this puerperal epidemic is full of interest. Such was the mortality under the non-bleeding system, that the two Heys were thrown into a panic. At this critical moment, the son stumbled upon a pamphlet written by Dr. Gordon of Aberdeen, in which he recorded his successful treatment of a similar puerperal epidemic by bleeding. The patriarch of English surgery was too sagacious a man to allow the prejudices of his medical education to close his eyes to the evidence of facts. They determined at once on a change of system, and pushed the use of the lancet to its utmost limit, with what results I have already told you. Mark the vigour of their treatment. "When I was called at an early period," says Mr. Hey, jun., "I seldom took away less than twenty-four ounces of blood at first, unless some peculiar delicacy of constitution, or an excess of the previous evacuations, forbad it. And if the delay was protracted to eight or ten hours, or the symptoms were unusually severe, a larger quantity, to the extent of thirty, forty, and in one instance more than fifty ounces, in proportion to the urgency of the symptoms and the loss of time." "Gordon and Hey", says Dr. Murphy, "relieved the accumulation of poisoned blood at the central vessels at once by taking twenty or thirty ounces of blood, and succeeded in a sufficient number of cases to prove the correctness of their practice and the nature of the disease. Depletion to such a large extent could not be explained on the principle of combating peritonitis, but is intelligible as relieving the liver, spleen, and central organs, from the mass of poisoned blood." For, while the puerperal poison selects the serous membranes as the seat of its specific action, it would seem to disintegrate also the blood itself. But, whatever view we take of the disease, whether as essentially a poisoning of the blood, or an inflammation of the serous tissues implicated, or both combined, experience proves that bleeding was largely crowned with success in disarming the poison of its virulence, or mitigating its inflammatory results.

Allow me, in conclusion, to refer to Dr. Rush's thrilling "*Account of the Bilious Remitting Fever, as it appeared in the City of Philadelphia in the year* 1793." So fatal was the pestilence, and so heart-rending were the deaths of senators, citizens, relatives, and pupils, that he observes, "The hearse and the grave mingled themselves with every view I took of human affairs. Under these impressions, I recollect being as much struck with observing a number of men employed in digging the cellar of a large house, as I should have been at any other time in seeing preparations for building a palace upon a cake of ice." "Baffled in every attempt to stop the ravages of this fever, I anticipated all the numerous and complicated distresses which pestilential diseases have so often produced in other countries. The fever had a malignity and an obstinacy which I had never before observed in any disease, and it spread with a rapidity and a mortality far beyond what it did in the year 1762. Heaven alone bore witness to the anguish of my soul in this awful situation. But I did not abandon a hope that the disease might yet be cured. I had long believed that good was commensurate with evil, and that there does not exist a disease for which the goodness of Providence has not provided a remedy. Under the impression of this belief, I applied myself with fresh ardour to the investigation of the disease before me." The whole case has many features in common with the Leeds puerperal epidemic; for Dr. Rush tells us that he ransacked his library, and pored over every book that treated of the yellow fever. In his researches, he recollected that there was among some old papers a manuscript account of the disease as it prevailed in Virginia in 1741, which Franklin had put into his hands a short time before his death. Cholagogue purges were recommended by the author. He had now found a clue to the right treatment, and further reflection induced him to bleed; for "an indomitable pulse, which threatened all the viscera, and especially the brain, with effusions of blood," was characteristic of the epidemic. "The appearance of the blood, and its effects upon the system," he continues, "satisfied me of its safety and efficacy. Never before did I experience such sublime joy as I now felt in contemplating the success of my remedies; it repaid me for all the toils and studies of my life. The conquest of this formidable disease was not the effect of accident, nor of the application of a single remedy; but it was the triumph of a principle in medicine. The reader will not wonder at this joyful state of my mind when I add a short extract from my note-book, dated the 10th of September: 'Thank God! out of one hundred patients whom I have visited or prescribed for this day, I have lost none.'" We are told, in the course of this exciting narrative, that "it was said the bleeding was unneces-

sarily copious, and that many had been destroyed by it." In reply to this charge, Dr. Rush asserts: "I did not lose a single patient whom I bled seven times or more in this fever. As a further proof that I did not draw an ounce of blood too much, it will only be necessary to add, that hæmorrhages frequently occurred after a third, a fourth, and in one instance after a sixth bleeding, had been used; and further, that not a single death occurred from natural hæmorrhages in the first stage of the disorder."

But, while those who practise legitimate medicine lay claim to a commanding medical philosophy, they are not wholly innocent of the blame of the partial lapse of society into empirical practices. It cannot be honestly denied, that over-bloodletting, and other analogous blunders, have furnished too many materials for such books as Dick's "*Fallacies of the Faculty*"—blunders which, when magnified by the lens of a malignant satire, have revolted common sense and provoked public indignation. Too many of the old school must plead guilty also of a routine employment of blue pill and the black draught, until the incessant bullying of a patient's liver and intestines has exhausted vital power, and spoiled the secretory function of the liver. Hence the emphatic protest of the late Dr. Mackintosh against a routine employment of the lancet, and of the late Dr. Prout against the indiscriminate use of calomel and black doses, which are to the liver what dram-drinking is to the stomach, and so impair its functions as at last to induce irreparable malassimilation and inveterate urinary complaints. I have frankly noticed these abuses of legitimate medicine, for this reason among others, that I may expose the miserable expedient to which the homœopathists are reduced, when they parade these errors (of which all educated allopathic practitioners complain quite as loudly as they do) as fair examples of the practice of legitimate medicine.

But, despite the occasional blunders of those who practise legitimate medicine, its professors lay claim, I repeat, to a commanding medical philosophy—a philosophy which is at once experimental and inductive. Waiving all allusion to the records of antiquity, some of which are of great value, the revival of medical knowledge was coeval with the Reformation, and, like it, received its highest impulse from bursting the fetters of its Latinised literature, and employing the vernacular languages of Europe. This grand innovation we owe mainly to the eccentric Paracelsus, who was Luther's contemporary. It was not, however, till 1628 that the immortal Harvey discovered the circulation of the blood. This discovery overturned all the systems which had subsisted prior to that time; for it explains on more solid and rational grounds the phenomena of the animal body, both in health and disease. At a still later period of the seventeenth century, Sydenham, the father of English medicine, flourished, and bequeathed to posterity writings which vindicate the priority and supremacy of *direct observation;* for "less than most of his contemporaries, less perhaps than any, did he permit preconceived notions of disease or treatment, and still less merely authoritative opinions, to step in between the disease and the observation." Oblivion gladly throws her veil over the names of certain theoretic doctors of medicine, whose antagonist systems long contended for the prize of public favour at the expense of humanity's damaged interests. But, with this exception, the disciples of the school of observation gradually multiplied, and its dominion is now universal. You will anticipate me in citing, as some the most distinguished ornaments of this school, the names of Andral, Laennec, Ricord, Abercrombie, Alison, Simpson, Jenner, Bright, Watson, Latham, Prout, Budd, Stokes, Graves, Hope, and Golding Bird. Nor is Louis, the author of the numerical method, an exception. But it would be unpardonable to pass by one illustrious name, whose single labours laid a basis for most other discoveries in physiology and pathology—I mean the great John Hunter. Physiology owes, indeed, much for its later advances to Sir Charles Bell and Dr. Marshall Hall; and, as aided by chemistry and the microscope, to Carpenter, Simon, Liebig, and others. Pathological anatomy, on the other hand, has been ably cultivated by Morgagni, Carswell, Rokitansky, John Hughes Bennett, Carl Wedl, Kölliker, Hasse, and others. Finally, to Pinel, Esquirol, Feuchtersleben, Conolly, and other explorers in the field of the pathology of mind, we owe a large debt of gratitude. The masterly pencil of Dr. John Hughes Bennett has ably sketched the extraordinary advances which have been made during the present century in the different departments or medical science. "Every where we see natural philosophy advancing; enthusiastic chemists pushing forward organic analyses; anatomists unwearied in their researches concerning development and the structure of tissues; physiologists experimenting and concentrating all the resources of modern science, in order to elucidate organic laws; and pathologists busy in connecting the symptoms observed in the living with alterations in the minutest tissues and atoms of the dead." Nor can we overlook, in this retrospect of the advances of the healing art by means of observation and science, the immense blessings conferred on society by an improved general and military surgery, by a humanised treatment of the insane, by the sanitary efforts of an enlightened hygiene, and by the exaltation of the value of human life generally, as attested by Mr. M'Culloch, who has demonstrated by statistics the decrease of mortality in the whole population of Great Britain. Who, that surveys the magnificent temple of medicine reared by the combined genius and labours of such architects as those we have mentioned—and many others of equal eminence might be named—will not hasten to pay his most fervent devotions at its hallowed shrine?

But the times are out of joint; and, if anything can give the profession its right standing in society, it is the institution of such an agency as the British Medical Association, which secures political influence by combining vast numbers in an unbroken phalanx, elicits the spirit of discovery by free discussion alike on the annual platform and by the weekly press, and wins the confidence and respect of discerning and educated men by the improved culture alike of medical ethics and scientific medicine. But it is a singular coincidence that the frowns of the world, as shown by the browbeating of medical witnesses by self complacent barristers, by the indignities put upon naval and military medical men, by the maltreatment of medical officers by Poor-Law Boards, and, above all, in the frequent preference, by all classes, of empirics of the most absurd pretensions, should have been lavished upon us at a time when, beyond all others, the profession is asserting its claims to an honourable recognition by the improvement of its members in general education, and by the enforcement of a comprehensive curriculum of studies, which embrace all the modern discoveries in science. Moreover, "by the force of professional opinion, the bestowal of public appointments is becoming almost equivalent, as a testimonial, to an established order of merit; and the medical department of our armies is now recruited by a competitive examination devised and conducted by men themselves holding the first rank in their several branches of knowledge." The standard of professional honour, too, has been so raised as largely to supplant a trade in drugs by introducing a more compendious mode of practice, aided by the suggestions of an enlightened hygiene. But how have the public met this wise concession to the demands of the age? Alas! for humanity, by the abandonment of its highest interests to the mercenary gripe of homœopathic, hydropathic, Mesmeric, and other empirics. In allusion to this phase of society, it has been too truly said: "The honest practitioner will gnaw his crust in obscurity, while the mendacious impostor, more wise in his generation, shall dazzle the world with the magnificence of his dwelling and the sumptuousness of his equipage." But the public patronage of different sects of empirics, and of different modes of healing, is the sign of a distempered age; nor is an unsettled state of public opinion restricted in its vagaries to our own profession. It is the freak and evidence of an immature civilisation, which unconsciously copies the very practices of barbarism; for ages of ignorance constitute the congenial soil in which empiricism in all its varieties luxuriates. Thus Alpinus reports to us, from personal observation, that the art of medicine was so practised in Egypt that there was found an individual healer for each individual distemper; and Herodotus long ago recorded the very same fact. In Japan also, at this day, everything belonging to medicine is empirical, and the art is split into a thousand departments. The remoter periods of English history are no exception to this law of barbarism; and it is humiliating to reflect that, in our own age and country, the proofs of a retrograde tendency to a disgraceful empiricism abound even in the higher walks of society.

I have finished the pleasant task I assigned to myself, in converting Dr. Horner's eccentric career into an occasion for confirming our own attachment to legitimate medicine. I will not suppose it possible that any other member of our Association can sit so loose to the moral obligations which bind him to his profession, as to be in danger of copying Dr. Horner's example, be the temptations of popular favour ever so alluring. It is surprising that any man, moderately conversant with the principles of his profession, should be carried away by the infinitesimal inanities of homœopathy. But such a defection I hold to be morally impossible, providing we cherish fidelity to

our professional convictions, by making ourselves deeply acquainted with those facts and principles in medical science, on a full knowledge of which those convictions will securely repose.

SOUTH MIDLAND BRANCH: ORDINARY MEETING.

An ordinary meeting of this Branch was held at the Harpur Charity Board Room, Bedford, on Tuesday, September 29th, H. Terry, Esq., Sen., President in the chair. The following members attended: J. G. Appleton Esq. (Luton); T. H. Barker, M.D. (Bedford); W. Birdsall, Esq. (Northampton); W. Blower, Esq. (Bedford); E. Daniell, Esq. (Newport Pagnell); B. Dulley, Esq. (Wellingborough); J. J. Godfrey, Esq. (Great Barford); F. H. Marshall, Esq. (Moulton); R. R. Morris, Esq. (Brixworth); Samuel Mault, M.D. (Fenny Stratford); W. Percival, Esq. (Northampton); T. Prichard, M.D. (Abington Abbey); W. S. Slinn, Esq. (Ampthill); R. S. Stedman, Esq. (Sharnbrook); C. P. Stevens, Esq. (Biggleswade); H. Terry, Jun., Esq. (Northampton); W. Thurnall, Esq. (Bedford); R. W. Watkins, Esq. (Towcester); J. H. Webster, M.D. (Northampton); Jas. Williams, M.D. (Aspley); J. F. Williams, Esq. (Cranfield); W. S. Wyman, Esq. (Kettering).

The following gentlemen were also present as visitors: G. R. Skene, Esq. (Bedford); H. Raynes, Esq. (Potton); P. Benson, Esq. (Luton); J. H. Hemming, Esq. (Kimbolton); H. W. Sharpin, Esq. (Bedford); and H. Bucknill, Esq. (Bedford).

NEW MEMBERS.

The following gentlemen were proposed and elected as members of the Branch: G. Ashdown, Esq. (Northampton); W. A. Barr, M.D. (Northampton); P. Benson, Esq. (Luton); F. W. Dix, Esq. (Long Buckby); Joseph Farr, Esq. (Dunstable); W. H. Gatty, Esq. (Market Harborough); W. Gibbon, Esq. (Kettering); J. H. Hemming, Esq. (Kimbolton); W. C. Johnson, Esq. (Bedford); and H. Raynes, Esq. (Potton).

Letters of apology were also read from several gentlemen whose engagements prevented their attendance.

CASES AND COMMUNICATIONS.

The following papers were then read to the meeting.

1. Contributions to the Medical Topography of Bedford and its Neighbourhood. By W. Blower, Esq.
2. On the Treatment of Joints contracted by Rheumatic Gout. By J. H. Hemming, Esq.
3. A Case of Hysterical Coma. By J. Williams, M.D.
4. A Case of Cut-throat. By W. Thurnall, Esq.
5. A Case of Abscess of the Brain. By W. G. Johnson, Esq.
6. A Case of Rupture of the Bladder. By H. Terry, sen., esq.

The reading of these papers was followed by interesting and useful discussions; and some of them will be published in the Journal.

The following preparations and instruments were also exhibited.

1. A Cast of an extreme form of double Hare-lip; and
2. Cysts from the Human Kidney, and Microscopic Preparations of the contained Echinococci and Crystals. By T. H. Barker, M.D.
3. Two Specimens of Fœtal Hydrocephalus. By W. Blower, Esq.
4. A Specimen of Encysted Abscess of the Brain, occurring after Compound Fracture of the Cranium. By W. G. Johnson, Esq.
5. A Series of Anatomical and Pathological Microscopic Objects; and
6. Two Persons with Congenital Staphyloma. By R. S. Stedman, Esq.
7. The Ecraseur. By H. Terry, sen., Esq.

One of the most interesting features of the meeting was the exhibition, by Mr. Stedman, of several very beautiful microscopic objects; that gentleman selected the choicest specimens from his own cabinet, and showed them by means of half-a-dozen fine microscopes, kindly contributed by himself and friends.

Votes of thanks were unanimously passed to the Trustees of the Harpur Charity, for the use of their Board Room; to the authors of the papers, with a request that they might be published in the Journal; and to the President, for his able services in the chair.

The members and visitors, honoured by the presence of the Mayor of Bedford, afterwards dined together at the Swan Hotel; the usual loyal and professional toasts having been given, the Mayor proposed "Success to the South Midland Branch," which was responded to by Mr. Blower, an ex-mayor. The healths of Sir Charles Hastings, and the Editor of the Journal, and the Benevolent Fund, were also given, after which the meeting separated.

The annual meeting of this Branch will be held at Bedford in May next.

Editor's Letter Box.

FEES FROM ASSURANCE OFFICES.

Letter from Samuel Wood, Esq.

Sir,—The letter of Dr. Radclyffe Hall in your last fully exposes one of the numerous ways in which the assurance offices impose upon our profession. There is another by which they obtain to them most valuable information without paying the practitioner giving it. I mean the custom of offices requiring the insurers to furnish the name of their medical attendant, to whom the office write, requesting a long list of questions to be answered as they say "confidentially," so as to induce the medical attendant to report any little weakness or tendency to disease his patient may have; and all this without fee.

A few days ago, a patient of mine applied to a solicitor here to effect for him an insurance in the Gresham Life Office, and a long list of questions was forwarded to me to reply to; perceiving that my answers were only for the protection of the office (their secretary kindly stating that "all I should say would be considered *strictly confidential*"), I wrote to ask if it was the intention of the Office to pay me the usual fee. I received an answer to the following effect:—

"Sir,—I regret that you should hold the opinions you do with respect to life offices; but, finding you do so, I have no alternative but to request Mr. Hughes to appoint another referee. Your obedient servant."

I replied:—

"Sir,—I regret that you hold the opinion you do with respect to the medical profession; but, finding you do so, I have no alternative but to recommend my patient to insure in another office, which I have done. Your ob't servant, S. W."

I explained to my patient the position I was placed in by the Gresham, and I therefore hoped he would select some more liberal office. He did so, and also induced his son to insure in the Crown office.

I have troubled you with this letter, because I hold that a life office places the medical attendant of the insurer in a situation of some difficulty when his opinion is required. If he gives an honest one—which he would—he may offend a good patient to advantage a shabby office, which office actually refuses to pay his well earned fee. The directors, if they knew their own interest, would, when they require an opinion besides that of their own referee, seek to relieve our profession from a collision with the patient, which the present system frequently causes. I hope, now this question is brought before the profession, other members of it may be induced to stand up for our rights by meeting all attempts to cheat us of our fees as has been done by Dr. Radclyffe Hall.

I am, etc., Samuel Wood.

The Abbey, Shrewsbury, Oct. 6th, 1857.

Medical News.

BIRTHS, MARRIAGES, DEATHS, AND APPOINTMENTS.

In these lists, an asterisk is prefixed to the names of Members of the Association.

BIRTHS.

Briscoe. On September 29th, at Brompton, Chatham, the wife of Henry Briscoe, M.D., Surgeon Royal Artillery, of a son.

Donald. On September 26th, at Glasgow, the wife of James Donald, Esq., Surgeon, of a son.

Duka. On October 4th, at Ebury Street, Eaton Square, the wife of Theodore Duka, M.D., H.E.I.C.S., Monghyr, Bengal, of a son.

Ellis. On October 2nd, at Crowle, the wife of *Henry W. T. Ellis, Esq., Surgeon, of a daughter.

Godrich. On October 2nd, at Sydney Place, Brompton, the wife of Francis Godrich, jun., Esq., Surgeon, of a daughter.

Greaves. On September 26th, at Stretford Road, Manchester, the wife of *George Greaves, Esq., Surgeon, of a daughter.

Jackson. On October 4th, at Market Weighton, the wife of *Matthew Jackson, Esq., Surgeon, of a son.

Powell. On September 30th, at Coventry, the wife of Henry Powell, M.D., of a son.

Spackman. On September 30th, at Harpenden, Herts, the wife of Frederick R. Spackman, M.D.Lond., of a daughter.

Stephens. On October 3rd, at Gothic Lodge, Twickenham, the wife of — Stephens, M.D., of a son.

Taylor. On September 27th, at Paisley, the wife of David Taylor, M.D., of a daughter.

MARRIAGES.

Gale—Wyman. Gale, John Hepburn, Esq., of Stockwell, Surrey, to Annie, eldest daughter, of *W. S. Wyman, Esq., Surgeon, of Kettering, at St. Mary's, Stoke Newington, on October 3rd.

Lilburne—Honburgh. Lilburne, James, Esq., Surgeon R.N., to Charlotte, youngest daughter of the late James Honburgh, Esq., of Firth, Roxburghshire, at Pittenween, on September 29th.

Mackenzie—Murray. Mackenzie, Thomas, Esq., to Alexandrina Findlay, daughter of the late Peter Daly Murray, Esq., Staff-Surgeon, at the Catholic Church, Reading, and at the Holy Trinity Church, Lambswood Hill, on October 1st.

Piper—Taylor. Piper, C. D., Esq., Her Majesty's Royal Arsenal, Woolwich, to Emily Louisa, third daughter of J. Taylor, Esq., Surgeon, Old Kent Road, at St. George's, Southwark, on October 1st.

Smith—Sillery. Smith, Frederick Moore, Esq., late of Her Majesty's 4th Regiment, to Maria Margaret, youngest daughter of Robert Sillery, M.D., of Dover, at Charlton next Dover, on October 1st.

Watkins—Aris. Watkins, Edwin Thomas, Esq., Surgeon (late R.N.), of Towcester, Northamptonshire, to Sarah, eldest daughter of John Aris, Esq., of Lois Weedon House, at Lois Weedon, on October 1st.

DEATHS.

Anderton, Charles, Esq., Surgeon, of Stalybridge, aged 44, on September 29th.

Bradshaw, Henry, Esq., Surgeon, of Liverpool, aged 50, on September 18th.

Harper, Charles Harris, Esq., Assistant-Surgeon H.E.I.C.S., Madras Establishment, drowned at Sitang, Moulmein, on on July 1st.

Hay, John Macdouall, M.D., Civil Surgeon, Bareilly Station, East Indies, killed at Bareilly, on May 31st.

Heathcote, T. Godfrey, Esq., Surgeon 10th Regiment Bengal Native Infantry, massacred at Cawnpore, on July 15th: also, Gertrude, his wife, and their two youngest children.

Johnston, Alexander, Esq., Surgeon, at Stirling, on September 25th.

Keate, Robert, Esq., Sergeant-Surgeon to Her Majesty, at 11, Hertford Street, May Fair, aged 80, on October 2nd.

*Lomas, Thomas, Esq., Surgeon, of Belper, after a long illness, aged 54, on September 10th.

Nicholson. On September 22nd, at Redditch, aged 13 months, Alan, son of *J. R. Nicholson, M.D.

Norval. On September 9th, at New York, James Alexander, only son of James Norval, M.D., late of Glasgow.

Sawkins. At Taunton, aged 30, Isabella, wife of James Sawkins, M.D.

Wilson, James, M.D., at Hope Street, Glasgow, aged 74, on September 20th. Dr. Wilson was a native of Douglas, in the Upper Ward of Lanarkshire, where he was born on the 30th of June, 1783; and after having received a medical education at the Glasgow University, he settled in Carluke as a surgeon. Having practised there for several years, he removed to Glasgow, under the patronage of the late Dr. Jeffrey, Professor of Anatomy in the College, who entertained a high respect for his abilities, and whose friendship he enjoyed during the remainder of the life of that venerable individual. In the earlier part of his professional career, he was associated with the late Mr. John Grieve, with whose family he afterwards formed a more endearing connexion; and on Mr. Grieve's death, he succeeded to a small but well established family practice, which laid the foundation of his future success in life. For at least forty-two years he followed his profession in Glasgow, and gradually acquired a well deserved and an extensive reputation as a physician-accoucheur. The confidence reposed in his skill and judgment by his professional brethren was so great, that he was much consulted by them in cases of difficulty; and for many years he taught obstetrics in the Portland School of Medicine, and for one session he supplied the place in the College of the late Dr. William Cumin. As a lecturer, he was plain and practical, and his pupils felt that he was thoroughly master of his subject; while in the private exercise of his professional duties he commanded and obtained the confidence and esteem of his numerous patients, whose counsellor and friend he became as much as their medical attendant. At the time of his death, Dr. Wilson's reputation had been long and firmly established; and though, from his unobtrusive manners, he was little heard of beyond the circle of his profession, no name stood higher within it. Personally, Dr. Wilson was a just and righteous man; and we have never known any one who at all times and under all circumstances, exhibited so completely the triumph of principle over impulse. His equanimity never forsook him even in the midst of distress and suffering; and when sorrow weighed upon the hearts of others, no sympathy was more freely and unaffectedly given than his. Dr. Wilson, at the time of his death, had been an elder of the Church for fifty years. He was a member of the Free Church; but his benevolent nature was incapable of harshness of any kind, and his intimacy with his old friends of the establishment was never interrupted for one moment by the disruption. (Abridged from *Glasgow Courier*.)

Young. On October 3rd, at Hawkhurst, Kent, aged 31, Marianne, wife of *F. A. Young, Esq., Surgeon.

PASS LISTS.

Royal College of Physicians. At the Quarterly Comitia Majora, held on Wednesday, September 30th, the following gentlemen having undergone the necessary examinations, were admitted members of the College:—

Dr. A. Smith, Thurlow Square

Dr. James L. Siordet, Holles Street, Cavendish Square

Also, as Extra Licentiates:—

Dr. Fred. J. Burgess, Bishop's Waltham

Dr. Wm. Francis Noott, Portsmouth

Dr. William Tidmas, Nottingham

At the same Comitia Majora:—

Dr. Cape, Curzon Street, May Fair, was admitted a Fellow of the College.

University of London. M.B. First Examination, 1857. Examination for Honours.

Anatomy and Physiology.

Kempster, F. H. (Exhibition and Gold Medal), University College

Crowfoot, William Miller (Gold Medal), St. Bartholomew's Hospital

Ringer, Sydney, University College

Moxon, Walter, Guy's Hospital

Harley, John, King's College

Durham, Arthur Edward, Guy's Hospital

Carter, Robert, University College } Equal.
Cayley, William, King's College }

Chemistry.

Kempster, F. H. (Exhibition and Gold Medal), University College

Moxon, Walter (Gold Medal), Guy's Hospital

Durham, Arthur Edward, Guy's Hospital

Rivington, Walter, London Hospital

Harley, John, King's College

Materia Medica and Pharmaceutical Chemistry.

Moxon, Walter (Exhibition and Gold Medal), Guy's Hospital

Rivington, Walter (Gold Medal), London Hospital

Durham, Arthur Edward, Guy's Hospital

Harley, John, King's College

Kempster, Felix Henry, University College

Adams, Samuel Hoppus, University College

Pile, William, University College

Structural and Physiological Botany.

Adams, Samuel Hoppus (Gold Medal), University College

Crowfoot, W. Miller, St. Bartholomew's Hospital } Equal.
Harley, John, King's College }

Durham, Arthur Edward, Guy's Hospital
Thompson, Edmund Symes, King's College
Jeffcoat, James Henry, St. Mary's Hospital

Apothecaries' Hall. Members admitted on Thursday, September 24th, 1857:—
Baker, Thomas Stephen, Moreton-in-Marsh
Ellis, James, Landport, Portsea
Fleischman, Alfred, Leeds, Yorkshire
Johnson, Burdett, Somersham, Hants.
Mason, Thomas, Leominster, Hereford
Norton, Selby, West Malling, Kent
Prytherch, John, Llanerchymedd, Anglesea
Siccama, Rinso Robert, Royal Navy
Turney, Thomas Henry, Halifax, Yorkshire
Williams, William Rumsey, Carnarvon, N.W.

HEALTH OF LONDON:—WEEK ENDING OCTOBER 3RD, 1857.

[*From the Registrar-General's Report.*]

In the week that ended on Saturday (October 3d) the number of deaths registered in London was 1,087. In the ten years 1847-56 the average number of deaths in the weeks corresponding with last week was 1,136, which, if raised in proportion to increase of population, becomes 1,250. The deaths from diarrhœa last week were 79, being nearly the same as in the previous week, when they were 83. There were no deaths from cholera among adults; but two cases of infants who died of choleraic diarrhœa are referred to this head. A potman, aged 34 years, died in the Hackney Workhouse on September 28th of "natural decay accelerated by want." On the 3rd July the wife of a serjeant committed suicide with cyanide of potassium; on 15th July a woman committed suicide with the same substance; and on 29th August, the son of a serjeant, aged 6 years, was poisoned by it, the bottle which held it having been left within his reach. Cyanide of potassium is used by soldiers for cleaning their lace. Of six nonagenarians whose deaths are returned, the oldest are two men, aged respectively 94 and 95 years, and a woman who died in the workhouse, Newington, at the age (as stated) of 105 years.

Last week the births of 916 boys and 849 girls, in all 1765 children, were registered in London. In the ten corresponding weeks of the years 1847-56, the average number was 1441.

At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29·868 in. The mean temperature was 58·4°, which is 4·6° above the average. The mean daily temperature was more or less above the average throughout the week. The wind was generally in the south-west. No rain fell except on Monday, when the amount was 0·17 in.

EPIDEMIC CHOLERA.

The following precautionary advice to local boards of health with reference to epidemic cholera has been issued by the General Board of Health, Whitehall:—

"General Board of Health, Whitehall, Sept. 29th.

"Cholera has again become epidemic in several of the Baltic ports, and at Hamburgh. On each of the three former occasions, when the disease has visited England, its first appearance in our eastern seaports followed closely on its epidemic outbreak in the last-named city. During the past three months there has been observed in London, and in some other parts of England, a very unusual fatality from diarrhœa; and this derangement of the public health is such as, on the previous occasions referred to, preceded the commencement of the epidemic periods of cholera. The General Board of Health deems it expedient to call the attention of local boards of health to these facts, and most earnestly recommends that the powers vested in such boards for the protection of the public health be exercised from the present time with especial vigilance. As regards the exercise of these powers with particular reference to the prevention of cholera, the most important security for the public health is to be found in the fulfilment of two conditions:—First, that the air within and about dwelling-places be not contaminated with offensive organic effluvia, such as arise when the houses themselves are ill ventilated, overcrowded, and unclean, or when their refuse is not properly removed from them by drainage or otherwise, or when any filthy accumulations exist in their neighbourhood, or when the local sewerage is defective. Secondly, that the public supply of water be, as far as possible, unpolluted by any kind of animal or vegetable impurity; for where cholera is present or impending no house can be considered safe for habitation in which there is any offensive smell of animal refuse, or of other putrefactive animal or vegetable matter; and no water can be considered safe for drinking into which there flows (as is often the case with rivers and with wells in the neighbourhood of houses) any habitual discharge of town refuse or any accidental soakage or leakage from drains or cesspools. An abstract is subjoined of those more important provisions of the Public Health Act, the Nuisance Removal Act, and the Common Lodginghouses Acts, under which local boards of health are able to provide for the sanitary improvement of their respective districts in the various matters referred to. In proceeding to the exercise of these powers at the present juncture, it is desirable that early and special attention should be given to those parts of each district which have hitherto been unhealthiest, particularly to those where cholera has prevailed on previous occasions, or where diarrhœa has been most frequent; also, that the local board should be kept well informed as to the amount of bowel complaint prevailing from time to time within their district, and that intelligence should be given to the General Board in case of any notable increase in the prevalence of such disorder. It is to be expected that the officer of health (where one has been appointed) will inquire with more than ordinary minuteness into the state of premises, and into the quality of the different sources of water-supply, within his district; and that sanitary inspectors and inspectors of nuisances will use the utmost vigilance in every department of their duty—especially in reference to public scavenging, to the state of sewers, to the removal of house-refuse, to the keeping of slaughterhouses and cattle sheds, and to the fulfilment of such orders for sanitary work as the local board may find it requisite to issue. Two cases—furnished by the experience of the last epidemic—peculiarly deserve the consideration of local boards, as illustrating what may reasonably be expected from sanitary improvement in averting the ravages of cholera.

[The cases alluded to are the outbreak of cholera at Newcastle-on-Tyne and Gateshead, related by Dr. Greenhow in a paper read before the Epidemiological Society on February 5th, 1855, and the comparative mortality from cholera in relation to the water supply in the southern districts of London.]

"The General Board of Heath would earnestly direct the attention of local boards to these cases. They (with many similar facts) support the conclusion which, at the close of the last epidemic, was adopted by the Medical Council of the General Board, to express the present state of scientific knowledge as to the causes of cholera:—'The doctrine of epidemic cholera which has gained almost universal acceptance does not affect to explain what may be that power—the exciting cause of the epidemic manifestation, which at intervals of time has forayed from place to place about our globe, sometimes vaguely spreading over a widened area, sometimes seeming to move in more defined procession, and which now for the third time has shed its fatal influence on our land. But, with this mystery still unsolved, there has grown more and more into shape a doctrine which is both intelligible and practical,—that the undiscovered power, in its wanderings, acts after the manner of a ferment; that it therefore takes effect only amid congenial circumstances, and that the stuff out of which it brews poison must be air or water abounding with organic impurity.' It is possible that no human efforts may suffice to avert the course of that epidemic ferment which thus, at certain intervals of time, comes, as it were, to test the sufficiency of our sanitary defences. But public authorities, armed with the existing powers of the law, can do almost everything to render the mysterious influence innocuous by removing those local conditions through which alone it is enabled to destroy life in this climate. Local boards may be well assured that, if any precautions adopted by them against cholera should hereafter seem to have been superfluous in relation to that epidemic—if the suggested possibility of a fourth visitation should happily not now be realised—the pains and cost which may have been given to sanitary improvement will in no degree have been wasted; since undoubtedly such exertions will have borne fruit in preventing other disease, and in lessening both the misery and the expense, the waste of life and the waste of money, which are now the consequence of defective sanitary arrangements. "W. Cowper, *President.*"

THE OPHTHALMOLOGICAL CONGRESS AT BRUSSELS.

The Congress of Ophthalmologists was held in Brussels, on September 13th, under the presidency of M. Fallot. Its objects were the examination and analysis of collected observations, the exposition of new theories, the comparison of the results obtained by different practical processes, and the determination of the actual state of ophthalmological science in various countries. In the published programme, the committee of organisation addressed to the members the following series of questions.

Section I. *a.* The transmissibility of purulent ophthalmia being demonstrated, can its mode of transmission be exactly determined? *b.* What part, in the transmission of ophthalmia, can be assigned to granulations? And what is the nature of these? *c.* Is there any one formula of which experience has sanctioned the superiority in the treatment of military ophthalmia? *d.* What measures are best to take for preventing the appearance and spread of ophthalmia?

Section II. *e.* What has been the influence of the discovery of the ophthalmoscope on the diagnosis and treatment of diseases of the eye? *f.* What agents concur in or preside over the accommodation of the eye to distances? *g.* Does the present state of science authorise the admission of specific ophthalmiæ? If so, what is to be understood by this term, and to how many species of ophthalmia is it applicable? *h.* Is the specificity capable of being recognised by the anatomical and physiological characters of the eye? *i.* Can a radical cure be obtained by simple local applications? Or is general treatment always demanded?

Section III. *k.* Has experience established that certain forms of cataract may be cured without operation? If so, what are these forms? And what are the means that may be substituted for surgical treatment? *l.* Of what utility is closure of the eyelids in the treatment of diseases of the eye? What are the affections which demand its employment: and what is the best method of effecting it? *m.* Is there an advantage in special establishments for the treatment of diseases of the eye? If so, what are the conditions which they ought to realise?

Most of the European governments sent to the congress delegates, both civil and military; the latter being especially charged with the duty of investigating the important subject of granular or military ophthalmia, which some years since made great ravages in the armies, from which it has not yet completely disappeared.

The following are the names of the delegated members. *France:* MM. Laveran and Lustreman. *England:* S. Roberts, Esq. (Staff Surgeon Royal Army). *Austria:* MM. Arlt, Gulz, Jäger, Johan Siegl, and Stelwag von Carion. *Prussia and various German States:* MM. Löffler, Müller, von Ammon, Gunther, Plattner, Ch. Müller, and Stromeyer. *Denmark:* MM. Bendz, Esmarch, Grademann, Melchior, Nue, and Thüne. *Sweden:* M. Rosander. *Russia:* MM. Borodine, Fröbelius, and Kabalt. *Spain:* M. Cervera. *Sardinia:* MM. Bima, Borelli, and Sperino. *Portugal:* M. Marguès. *Greece:* M. Anagnostakis. There were also present at the Congress: Messrs. W. Bowman and J. Dixon, and Dr. Little, of London; Windsor of Manchester; Gräfe of Berlin; Sichel, Desmarres, and Guépin, of Nantes; Caffe, Vauquelin, and Leport, of Rouen; Gros of Boulogne; Serre of Uzès; Testelin of Lille; Donders of Utrecht; Gobel of Amsterdam; Vanzetti of Padua; Quadri of Naples; Pelikan of St. Petersburg; Riberi of Turin; Cornaz of Neuchâtel; Jacques of Ancona; Ortiz of Venezuela; De Souza of Brazil; besides MM. Fallot (the President), Bosch, Hairion, Van Roosbroeck, Warlomont, and many members resident in Belgium.

On many of the questions given above, interesting discussions followed, of which we hope to be able to give an abstract when the official report of the Congress is published.

QUEEN'S COLLEGE, BIRMINGHAM.

The opening of the winter session took place on Friday, October 2nd; the Principal, J. K. Booth, M.D., presided. The Dean, Mr. Sands Cox, read a report. The progress of the medical department continued to be highly satisfactory, and its prospects very encouraging; the number of students in attendance on the several classes was larger than at any former period. The following return had been made to the council by the professors:—Descriptive anatomy, 58; general anatomy and physiology, 54; practical anatomy, 58; chemistry, 19; practical chemistry, 19; principles and practice of medicine, 35; principles and practice of surgery, 38; materia medica and therapeutics, 23; principles and practice of midwifery, 42; forensic medicine, 17; botany and vegetable physiology, 23. The names of those students who gained prizes in each department have already been announced. During the past year twelve students had passed their examination at the Royal College of Surgeons, and twelve before the College of Surgeons and the Societies of Apothecaries, and had received their diplomas and licences to practise. Several of the students have obtained hospital appointments. Professor David Bolton, one of the earliest students of the college, had been elected surgeon of the General Hospital; and others have distinguished themselves in the public services of the country. The council could not pass over the name of your student Hale, without recording that he had received the Victoria Cross for "bravery" in the trenches before the walls of Sebastopol. Mr. Francis Bond had been unanimously elected, out of eight candidates, resident medical tutor. The report also made reference to the Queen's Hospital; to the erection of Dr. A. Fleming as physician and professor of materia medica; and to the death of Mr. Josephus Williams, a distinguished pupil at the college, and assistant house-surgeon to the Queen's Hospital. The council had also protested against the change proposed by the senate of the University of London, to admit persons to degrees who had not passed through a regular collegiate course of education. It appeared from the return annually made to the accredited authorities, that since October 1848, sixty-seven students had been articled to the Dean of the Faculty without premium; by which the sum of £7,035 had been given up by him to the sons of the clergy, to the sons of members of the profession, and the sons of officers of her Majesty's service with limited incomes in that short period. The several professors, tutors, and masters continued to deserve the warmest thanks of the college by the zealous discharge of their duties. The records of the attendance of the classes at lecture had been placed on the council table at the monthly and quarterly Boards; and nothing can be more gratifying than the account uniformly given of the diligence, good conduct, and regularity of the students. The reverend Chancellor Law referred to the proposed testimonial to Mr. Sands Cox; and read a letter from that gentleman, suggesting that a part of the fund might be devoted to the foundation of medical scholarships, and the remainder towards the completion of the College Museums; under the stipulation that the council of the college undertake to grant free admissions to the industrious classes once a week, under such regulations as may be deemed necessary and proper. It had therefore been resolved, "That, in accordance with Mr. Sands Cox's communication, the best efforts of the committee be devoted to secure a sufficient sum to enable him to complete the College Museums, and to found medical scholarships, tenable for two or more years. The scholarships to bear the name of the founder of Queen's College and the Queen's Hospital." A subscription list had been commenced, and above £1000 had been soon raised. The prizes were then distributed by the principal, the warden, the mayor, Sir Charles Hastings, Mr. Clay, and other gentlemen, amidst loud applause. An address was then delivered by the principal, on middle class education, in which the question of an application to the Crown for extended powers, and affiliation with our ancient universities, Oxford and Cambridge, was at some length entered into.

Sydenham College, Birmingham. On Thursday October 1st, the inauguration of the seventh academical year of this institution took place in the theatre of the college. The introductory address was delivered by Mr. John Bassett, lecturer on Materia Medica. The lecture was listened to with great attention, and a request was made that it should be published. At the conclusion of the lecture the prizes were distributed to the meritorious students of the past year, and the election of members of the council proceeded with. Dr. Hill, the secretary, read the report. Amongst the former students, several were engaged in the military medical service; and others were now filling appointments in an important institution in the town. Since the council last met three of their number, Mr. T. Thursfield, Mr. F. Ryland, and Mr. Simons have been removed by death. Dr. Wrightson had undertaken the duties of the chair of theoretical chemistry, and Mr. Johnson, formerly resident surgeon of the General Hospital, had been associated with the lectures on anatomy. A considerable and valuable addition had been made to the number of illustrative diagrams, particularly in the pathological and physiological departments, and the stock of chemical apparatus had been augmented.

New Dispensary at Carlisle. The first stone of a new Dispensary at Carlisle was laid on September 17th. The ground floor will comprise patients' waiting-room, consulting-room, drug-room, entrance and staircase to the apothecary's house, yard behind the building, and the requisite appurtenances. The upper floor will be occupied by the apothecary's apartments, and committee-room, complete. The exterior character of the building will be Italian. The edifice is to be built of Prudham stone. Previously to lowering the stone, copies of each of the local papers, with a number of coins, were wrapped in lead and placed within a square aperture in the centre, and enclosed within a metal plate bearing the following inscription:

"Carlisle Dispensary. This foundation stone was laid by John Waldie, late treasurer and secretary to the institution, September 17th, 1857, George Mounsey, Esq., being mayor of Carlisle, and the Very Rev. Francis Close, D.D., dean; Thomas Barns, M.D., Gustavus Evans, M.D., Matthew John Rae, M.D., and the Rev. William Rees, A.M., constituting the building committee; John Laver, secretary and treasurer; George Johnstone Langsford, surgeon and apothecary; John Hodgson, architect; Richard Wright, builder; Cameron and Briggs, carpenters."

Mr. Waldie gave an interesting history of the progress of the Carlisle Dispensary since its original foundation in 1782.

Poisoning by Aconite in Mistake for Henbane. A case of accidental poisoning occurred last week, which resulted in the death of the wife of Dr. Trotter, a physician residing in Old Elvet, Durham. It appears that Mrs. Trotter, for some time past, had been suffering from tic douloureux; and during some conversation Dr. Trotter had upon the subject with Mr. Robson, a surgeon of the same city, the latter recommended a liniment containing tincture of aconite. At the time, Dr. Trotter mentioned the repugnance or dislike he had to aconite, in consequence of his wife some years ago having nearly taken it through mistake for some other medicine. He, however, got the liniment made up and applied it to the face of Mrs. Trotter; but its beneficial effects not being apparent, he went to Mr. Robson's surgery to get some tincture of henbane for her. Mr. Robson was in the surgery at the time, and states positively that Dr. Trotter asked for tincture of aconite, which he took from a bottle containing the tincture, which was securely fastened and corked; while, on the other hand, Dr. Trotter asserts as positively that he asked for tincture of henbane. The tincture was administered during the day to the deceased by Dr. Trotter, under the firm impression that it was henbane; and after taking it she complained of sickness, and vomited. She, however, fell asleep, and at night, feeling somewhat better, Dr. Trotter administered another dose of the tincture, which speedily brought on increased sickness, and led the deceased to remark that she wondered if any mistake had arisen on the part of Mr. Robson. Dr. Trotter went and called up Mr. Robson during the night, and on asking what he had given him during the morning, the melancholy truth was elicited, Mr. Robson replying that he gave him aconite as asked for. On Dr. Trotter returning home, the deceased was suffering from all the symptoms concomitant to poison, and in a short time afterwards she expired. An inquest was held on the body on October 1st, and the following verdict was returned: "That the deceased came to her death by a dose of aconite administered by mistake; but how the mistake occurred there is no evidence to show."

TO CORRESPONDENTS.

POSTAGE OF MANUSCRIPT AND PRINTED MATTER.

Any amount of manuscript or printed matter, singly or together, provided it contains nothing in the form of a letter, is transmitted through the post, in packets *open at the ends*, at the following rates: not exceeding 4 ounces, one penny; above 4 and not exceeding 8 ounces, twopence; above 8 ounces and not exceeding 1 pound, fourpence; for every additional half-pound or under, twopence.

Anonymous Correspondents should always enclose their names to the Editor; not for publication, but in token of good faith. No attention can be paid to communications not thus authenticated.

A correspondent, referring to our remarks upon Dr. Barrow, informs us that every schoolboy ought to know that he was "the most profound thinker of the age." Of course we did not require to be informed who Dr. Barrow was: our remarks merely pointed out the absurdity of placing him as the companion of Bacon and Newton. Dr. Barrow was undoubtedly a profound thinker; but even profound thinking is comparative, and we still think that he was not *quite* worthy to stand between two of the most illustrious men England has produced.

The Report of the Meeting of the Bath and Bristol Branch is in type, and will be inserted next week.

Communications have been received from:—Mr. J. Seaton Smyth; Dr. Woodforde; Mr. W. Cross; Mr. H. W. T. Ellis; Mr. John Watson; Mr. T. Holmes; Dr. Richardson; Dr. Bader; Mr. H. Terry, Jun.; Dr. Davey; Dr. Acland; Mr. Southam; Dr. Handfield Jones; Mr. Griffin; Mr. Bartrum; Mr. G. May, Jun.; Mr. J. J. Terry; Mr. James Probert; Mr. John Thomas; Dr. D. Mackinder; Dr. Humphry Sandwith; Mr. M. Jackson; Dr. A. Hill; Dr. P. H. Williams; Mr. J. Maurice; Mr. G. C. B. Murray; Mr. Mitchell Henry; Mr. Southam; Dr. R. U. West; and Dr. Herbert Barker.

BOOKS RECEIVED.

[* *An Asterisk is prefixed to the names of Members of the Association.*]

1. The Anatomist's Vade-Mecum: A System of Human Anatomy. By *Erasmus Wilson, F.R.S. Seventh Edition. London: John Churchill. 1857.
2. Medical Anatomy. By *Francis Sibson, M.D., F.R.S. Fasciculus V. London: John Churchill. 1857.
3. Life: its Relations Animal and Mental. An Inaugural Dissertation. By J. Dickson Bruns, A.M., M.D. Charleston: 1857.
4. Human Osteology: comprising a Description of the Bones: with Delineations of the Attachments of the Muscles: the General and Microscopic Structure of Bone and its Development. To which is added, a Brief Notice of the Unity of Type in the Construction of the Vertebrate Skeleton. By Luther Holden, F.R.C.S. London: Churchill. 1857.
5. Report of the Surgical Staff of the Middlesex Hospital to the Weekly Board and Governors, upon the Treatment of Cancerous Disease in the Hospital, on the Plan introduced by Dr. Fell. London: John Churchill. 1857.
6. The Grasses of Great Britain: illustrated by John E. Sowerby. Described, with Observations on their Natural History and Uses, by Charles Johnson, Esq. London: J. E. Sowerby. 1857.

ADVERTISEMENTS.

French Human Osteology.—

First choice on the lowest possible terms. Comparative Osteology; Artificial Anatomy, Soft Parts in Wax applied on Natural Bones; Anatomy and Pathology in Wax; Anatomy in Papier Maché, with all movable pieces; Scientific Microscopical Preparations; Surgical Instruments from M. Charrière, of Paris.

All those pieces are prepared in our Dissection-room of Paris, by scientific men, which enables us to supply the English professorship with exact copies of all the pieces embellishing the Great Museum of Paris.

Apply to A. RAGINEL and CO., 38, Ludgate Hill (Belle Sauvage Yard), City, London, E.C.

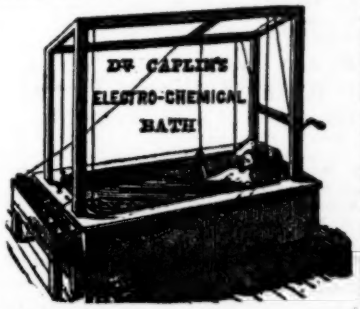
Great Reduction in the Prices of NEW MEDICAL GLASS BOTTLES and PHIALS, at E. & H. HARRIS'S, 2, Upper Copenhagen Street, Barnsbury Road, Islington, London.

6 and 8 oz., any shape, plain, or graduated			8s. 0d. per gross.
and 4 oz.	ditto	ditto	7s. 6d. „
½ oz. Moulded Phials.....			4s. 6d. „
1 oz.	ditto		5s. 6d. „
1½ oz.	ditto		6s. 0d. „
2 oz.	ditto		7s. 0d. „

A remittance not required till the Goods are received. Packages free. In quantities of not less than Six Gross, assorted to suit the convenience of the purchaser, delivered free within seven miles. Post-office Order payable to E. & H. Harris, at the Chief Office, London.

Bankers—Union Bank of London.

Dr. Caplin's Electro-Chemical Bath ESTABLISHMENT, 9, YORK PLACE, BAKER STREET, PORTMAN SQUARE, for the extraction of Mercury, Lead, and othre Metallic, Poisonous, and Extraneous Substances, which, by their presence in the human body, impair the vital functions, and produce, in course of time, that extended range of chronic diseases which have hitherto baffled every known resource of the healing art; such as Rheumatic Gout, Concretion in the Joints, Paralysis, Sciatica, Neuralgia, General Debility, Liver Complaint, Heart Disease, Obesity, Mensual Irregularity, etc., etc. The process of cure is most comfortable, generally affording immediate relief, and may in all cases be tried without danger. For the scientific demonstration of its modus operandi, see



The Second Edition, Just Published, price 1s., 8vo, of

DR. CAPLIN'S TREATISE on the ELECTRO-CHEMICAL BATH, and the relation of Electricity to the Phenomena of Life, Health, and Disease.

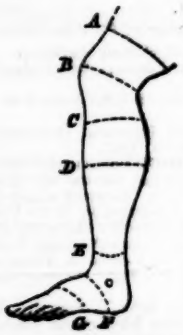
London: W. Freeman, 69, Fleet Street; or of the Author, at his Eclectic Medical Establishment, 9, York Place, Portman Square. Gratuitous Consultations from Nine to Ten o'clock daily

Water Beds for Invalids, free from

smell, (for Water at any Temperature,) £3 to £5 10s.

Water Cushions, from 17s. 6d. Waterproof Bed Sheets. Urinals and otherSurgical Appliances. Water Beds on Hire, 7s. per Week.

THOMAS WATTS & CO., INDIA-RUBBER MANUFACTURERS,
466, OXFORD STREET, LONDON, W.C.

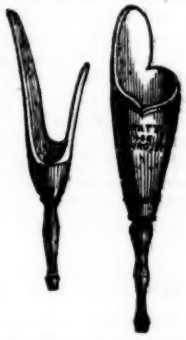


PRATT'S ELASTIC STOCKINGS

Continue to be found the best remedy for VARICOSE VEINS, and the most moderate in price, with or without extra pressure, acting LATERALLY, 4s. 6d. and 6s. 6d. each, thread; 9s., 12s., and 15s. each, best silk.

DIRECTIONS FOR MEASURING.

KNEE-CAP, length—A to C; circumferences—A, B, and C.
STOCKING, length from C to F, and circumferences at C, D, E, F, and G.
SOCK, circumferences—E, F, and G.



J. PRATT having had many years experience as a PRACTICAL WORKER in the manufacture of Surgical Instruments, calls the attention of the Profession to the quality of all Surgical Instruments and Appliances supplied by him.

Brass Enema Syringe, in Case . . .	7s. 6d.	Pocket Case	30s. & 42s.
Case of Amputating Instruments . . .	£3. 15s.	Tooth Instruments	from 25s.

Wooden and Artificial Legs, Crutches, Bandages, etc., at greatly reduced Prices.

Inventor of the new Bullet Forceps and Lithotomy Forceps with Vulcanised Sheaths; also, of a ne Truss; all of which have been approved and ordered by the Army Medical Board.

PRATT, SURGICAL INSTRUMENT MAKER, 420, OXFORD STREET, (W.), LONDON.

Hospitals, Unions, and Clubs supplied with Trusses, etc., at very low Prices.

H. Silverlock's Medical Label Ware-

HOUSE, LETTER-PRESS, COPPER-PLATE, & LITHOGRAPHIC PRINTING OFFICES, 3, Wardrobe Terrace, Doctors' Commons, London.

The members of the Medical Profession are respectfully informed that at H. SILVERLOCK'S establishment they will find every kind of Label they can possibly require; and also that every description of Engraving, Letter-press, Copper-plate, and Lithographic Printing is executed by competent workmen, and at the lowest charges.

Catalogues of each sort of Labels are published separately, and will be sent per post on application.

Williams and Son's Pure Glycerine

SOAP, analysed by Dr. HOFMANN, F.R.S., and PROFESSOR REDWOOD, Ph.D., strongly recommended by many eminent Members of the Medical Profession, and favorably noticed by the following Medical Journals.

The *Lancet*.
The *Medical Times and Gazette*.
The *British Medical Journal*.
The *Medical Circular*.
The *Edinburgh Medical Journal*.
The *Dublin Hospital Gazette*.

It is suited to all cases of delicate skin (whether arising from disease or otherwise), and is admirably adapted for nursery use. May be had of all respectable Chemists, Perfumers, etc.

SOAP WORKS, CLERKENWELL, LONDON, E.C.

NEMO SIBI VIVAT.

New Equitable and Medical, Legal,

AND GENERAL UNITED LIFE ASSURANCE COMPANIES.

Offices—449, STRAND, CHARING CROSS.

TRUSTEES.

JAMES COPLAND, M.D., F.R.S., 5, Old Burlington Street.
SIR JAMES DUKE, Bart., M.P., Alderman.
SIR CHARLES HASTINGS, M.D., D.C.L., Worcester.
JOHN PROPERT, Esq., 6, New Cavendish Street.

CHAIRMAN.

GEORGE H. BARLOW, M.D., 5, Union Street, Southwark, Physician to Guy's Hospital.

DEPUTY CHAIRMAN.

JOHN WESTON, Esq., 9, Noble Street, City, & Hulme House, Hampton Wick.

Income of the Joint Offices, £30,000 per annum.
Endowments and Annuities granted.
Every form of Assurance at moderate rates.
The attention of the Medical Practitioner is specially called to the peculiar advantages offered by the united Companies.
Prospectuses and every form of proposal to be had on application at the above offices.

By order, FREDERICK J. BIGG,
July 1857. Actuary and Secretary.

Crosse and Blackwell, Purveyors in

Ordinary to Her Majesty, respectfully invite attention to their PICKLES, Sauces, Tart Fruits, and other table delicacies, the whole of which are prepared with the most scrupulous attention to wholesomeness and purity. The practice of colouring pickles and tart fruits by artificial means has been discontinued, and the whole of their manufactures are so prepared that they are not allowed to come in contact with any deleterious ingredient. A few of the articles most highly recommended are, Pickles and Tart Fruits of every description, Royal Table Sauce, Essence of Shrimps, Soho Sauce, Essence of Anchovies, Jams, Jellies, Orange Marmalade, Anchovy and Bloater Pastes, Strasbourg and other Potted Meats, and Calf's-foot Jellies of various kinds for table use. C. and B. are also sole Agents for M. Soyer's Sauces, Relish, and Aromatic Mustard; and for Carstairs' Sir Robert Peel's Sauce, and Payne's Royal Osborne Sauce. The above may be obtained of most respectable Sauce Vendors throughout the United Kingdom; and Wholesale of

CROSSE and BLACKWELL, 21, Soho Square.

DR. DE JONGH'S LIGHT-BROWN COD-LIVER OIL.

This pure transparent LIGHT-BROWN COD-LIVER OIL is invariably and carefully submitted to Chemical Analysis, and, to preclude any subsequent admixture or adulteration, is supplied ONLY in Bottles, capsuled and labelled with Dr. DE JONGH'S Stamp and Signature, so that the Faculty may rely upon a genuine Medicine, and, so far as is possible, anticipate a uniform, regular, and certain result.

Sole Consignees and Agents for the United Kingdom and the British Possessions,

ANSAR, HARFORD, & CO., 77, STRAND, LONDON.

HALF-PINTS (10 Ounces), 2s. 6d.
PINTS (20 Ounces), 4s. 9d. QUARTS (40 Ounces), 9s.
IMPERIAL MEASURE.
*** A LIBERAL DISCOUNT TO THE PROFESSION.